

Chesterfield United Soccer Club
Application for Financial Assistance – Club Registration

General Information

1. Player's Full Name _____
2. Street Address _____
City _____ State _____ Zip Code _____
3. Telephone Number _____
4. Name of Parent(s) or Legal Guardian _____
5. Age _____
6. Team player will be playing for _____
Example: Include team age (U--), Gender & Premier, North, South, etc.
7. Elite, Premier or Classic _____

Family Soccer Participation & Participation with Other Clubs

All spaces must be filled in.

1. How many children are in your family?
2. How many children in the family play travel soccer?
3. How many children in the family play recreational soccer?
4. Do any children play at another club?
5. If so, what is the registration fees at the other club?
6. Are the siblings receiving financial assistance there?
7. Did you apply for assistance there?
8. CUSC is a volunteer organization in what area (s) do you prefer volunteer?

9. Have there been any life changing events in the past 6 months that we should take into consideration?

10. Please list any other information you believe would be helpful to the Financial Assistance Committee.

*******This application is good for 6 months. The 1st Deadline is July 1st and the 2nd deadline is December 1st. PLEASE note this is a change.*******

Detail your monthly household income and expenses.

**If both parents work, please provide their monthly income as well. This form needs to be complete and submitted along with all household Copies of your 2006 IRS Tax Statement (1040's etc), Copies of ALL W2's, Copies of Unemployment or another form of proof of unemployment

MONTHLY INCOME

Wages, Salaries, and tips \$ _____
Unemployment Compensation _____
Social Security Compensation _____
Child Support _____
Aid to Dependent Children _____
Food Stamps _____
401K/Retirement Funds _____
Alimony _____
Other income _____

TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES*

Rent/Mortgage \$ _____
Utilities _____
Food _____
Clothing _____
Phone _____
Car Insurance _____
Alimony _____
Child Support _____
Medical _____
Credit Cards _____
Other _____

TOTAL MONTHLY EXPENSES: \$ _____

***You may be asked to verify these expenses.**

I hereby attest that the above information is correct and true to the best of my knowledge.

Signed _____ Date _____

CUSC will send you a determination letter in writing after reviewing your application.

FOR OFFICE USE ONLY

Award _____ Percentage _____
Paid By Individual _____ Paid By CUSC _____

Director's Signature _____ Date _____