

Charlotte United FC 2017-18 Financial Assistance Request



Introduction

Each year the Charlotte United Board of Directors budgets a fixed amount of its financial resources for the sole purpose of providing financial assistance to player families in need. Please read through this document carefully. Each request will be carefully reviewed and the financial assistance offered will be based on the amount of money available, the number of requests submitted, and the total amount of assistance requested.

Procedure for Filing

1. All families applying for Financial Assistance for the 2017-18 soccer year **MUST** schedule a meeting with our office to meet with Mike King, CUFC's President on either June 8th or June 15th to discuss your needs and our the financial assistance program and the requirements.
2. A parent or legal guardian must accurately complete all information on the Financial Assistance Application.
3. Attach copies of the following required documents (one set of documents per family):
 - o Copy of your 2016 Federal Income Tax Return
 - o W-2's for all employed family members
 - o Copies of your most recent payroll stubs for all employed family members
 - o Copies of any court orders regarding financial responsibility for this player
4. Complete one Player Application for each player within one family.
5. **All attached forms and all required signed documents must be presented at your assigned meeting with Mike King. Note: Failure to submit the proper documentation could result in an immediate denial of your request for financial assistance.**

Charlotte United Futbol Club
Attn: Financial Aid Committee
PO Box 49447
Charlotte, NC 28277

Qualifications and Conditions

1. Family members and players will be required to assist CUFC in various club activities if receiving financial assistance serving as volunteers.
2. Family members will be required to meet in person with Mike King to sign a Financial Assistance Contract that delineates payment requirements and volunteer responsibilities.
3. There must be a true, verifiable financial need.
4. The decision of the Financial Aid Committee is final.
5. Information contained in this application is considered confidential by Charlotte United Futbol Club, its Board of Directors, Financial Aid Committee Members, and members of the Charlotte United staff. The Application and included documents will be maintained in locked and secure locations at all time.
6. **All financial aid is applied to the total club fees due and does not include the mandatory non-refundable deposit of \$75.00. No Financial Aid can be awarded until the non-refundable deposit has been received.**
7. Charlotte United Futbol Club offers financial assistance for Club Dues ONLY and does not offer financial assistance for **Team Dues or Uniforms**. Team dues & uniform purchases are the sole financial responsibility of the parent or legal guardian of each player.

Financial Assistance Family Application

This application and all attached documents are confidential

Player #1 Name _____
Last First Middle Initial Nickname

Player #2 Name _____
Last First Middle Initial Nickname

Player #3 Name _____
Last First Middle Initial Nickname

Player (s) Live With: Father _____ Mother _____ Both _____ Other guardian _____

Father's Name: _____ Mother's Name: _____

Household Size (Number of People Living In Player (s) Home): _____

Number of family members playing with Charlotte United: _____

FAMILY ANNUAL INCOME	Actual 2016	Estimated 2017
Father's Salary \$	\$ _____	_____
Mother's Salary: \$	\$ _____	_____
Child Support: \$	\$ _____	_____
Alimony: \$	\$ _____	_____
Other Income: \$	\$ _____	_____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

- Complete copies of your 2016 Federal Income Tax Returns along with W-2's for all employed family members in support of "Actual 2016" column above.
- Copies of most recent 2017 payroll stubs for all employed family members, which reflect year-to-date earnings and support of "Estimated 2017" column above.
- Copies of any court orders (i.e. divorce papers) regarding financial responsibility and/or support for the player.

PLEASE LIST ANY SPECIAL CIRCUMSTANCES CONTRIBUTING TO YOUR NEED FOR FINANCIAL ASSISTANCE: _____

I certify that all materials supplied and statements made in connection with the submission are true to the best of my knowledge. I also agree to repay all financial assistance with volunteer hours at the Family Cup Festival, Under Armour Cup, and United Cup tournaments at a rate of credit for each hour worked.

Signed: _____ Date _____

Printed: _____