



AZZURRI FUTBOL CLUB

A member of Yuba Sutter Youth Soccer League, non-profit 501(c)(3) youth sports club

Financial Assistance Application for 2023 / 2024

The Azzurri Futbol Club (“Club”) Financial Assistance Program is designed to help those in financial need. It is the goal of the Club to turn no one away because of an inability to pay. An applicant must be in good standing. Good standing means all prior volunteer hour obligations have been completed as required and any past Club dues have been paid in full. This application is not a guarantee of financial assistance. All financial assistance applications will be reviewed by a select committee and will be provided based on need and availability. Financial assistance recipients are required to reapply every year.

Applicants will be required to pay any affordable amount towards Club dues over and above the minimum registration fees. Should an applicant’s circumstances improve at any point during the season, the applicant is required to notify the Club, cease ongoing assistance and, to the extent possible, reimburse the Club any or all monies paid on applicant’s behalf to enable the assistance of other applicants. If your application is approved, you will be required to serve in a volunteer capacity to assist the Club throughout the year. You and your family will be required to complete an additional 3 – 6 volunteer hours for this season, depending on the number of children in the program, over and above the standard Club obligation and based on the level of assistance provided; not to exceed 15 hours per family (for families with 2 or more players registered with the Club).

Initials of parent/guardian _____

In addition to the above volunteer hours, payment of the initial \$150.00 Club registration fees is required at or before the time the scholarship application is submitted. You also understand and agree to make monthly payments to cover any remaining Club dues, not covered by scholarship, as agreed between you and the Club. Failure to keep your player’s account in good standing will result in the suspension of player privileges until your financial obligation is brought current.

Initials of parent/guardian _____

You need to complete the application in full. Indicate with N/A if the information requested does not apply to you. A separate request form is required for each player. Submitting an incomplete application may result in a denial of financial assistance.

All information submitted will be held in strict confidence and will be viewed by a select committee from the Club staff when considering your application.

Over the years the demand for financial assistance has increased. As a result the Club is taking a much closer look at financial assistance applications.

Please give the completed application to your Team Manager.



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Do not leave any questions unanswered, if the question does not apply to you please write N/A.

Player Information

Name: _____ Team: _____ Gender: _____

Mother's Information

Name: _____ Email: _____

Address: _____ City: _____

Phones: Home _____ Cell _____ Work _____

Occupation: _____ If unemployed, source of income _____

Father's Information

Name: _____ Email: _____

Address: _____ City: _____

Phones: Home _____ Cell _____ Work _____

Occupation: _____ If unemployed, source of income _____

General Information

How many people live in the home (9-12 months of the year)? _____

How many children live in the home? _____ How many play for Azzurri? _____

What is your annual household income (from all sources) _____

Do you receive any local, state, or federal assistance, and if so what is the source and how much do you receive per month?



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Has this player received financial assistance in the past? If yes, when _____ and how much financial assistance was received? _____

Did you pay your portion in full? Yes or No (circle one)

Have other players in your family received assistance in the past? If yes, please write the names of the players and date(s) when financial assistance was received. _____

Are there any special circumstances the Club should be aware of that pertains to your request for financial assistance? Please explain: _____

How much can you afford to pay for the season? _____

Have you or anyone in your family been a volunteer to help the Club in the past? Yes or No (circle one). If yes, in what capacity? _____

As indicated on the first page, you and your family will be expected to complete volunteer hours as a condition of being granted financial assistance. Who do we contact in your family to make arrangements to complete these hours? Provide the person(s) full name(s) and telephone numbers:

The above contact information will be shared with the Club Volunteer Coordinator.



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Agreement

I hereby certify that all of the above information is true and correct. I understand that false statements on this application shall be considered sufficient cause for disqualification from financial assistance. I understand that this information is being provided as a method to assist Azzurri Futbol Club ("Club") in determining the level of financial assistance awarded toward Club fees for the 2022/2023 season.

I understand that monies awarded through this application process will be used to cover Club fees/dues only and can not be relied upon to cover any supplemental expenses, such as travel expenses, team fees, etc.

I authorize Club representatives to discuss this application and my individual and/or household information that may relate to my application for financial assistance in an effort to make a determination of what financial assistance may be granted and/or track payments against an established payment plan.

I understand that I will be contacted regarding my application and that any assistance provided will be considered a partial scholarship over and above the minimum \$150.00 registration fees paid at the time this application is submitted. Any remaining balance owed toward the Club dues will be paid per agreed monthly payment amounts. I understand that failure to honor my commitment(s) (whether financial and/or volunteer hours) will result in my player's privileges being suspended and denial of continued financial aid in current and/or future seasons until brought current.

I understand that I may be asked to provide supporting documentation, such as payroll stubs, tax returns, Public Assistance documentation, child support and/or alimony receipts as part of the review process.

Signature of Parent/Guardian: _____ Date: _____



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Club Use Only

Section to be completed by Team Manager -

Date scholarship application received by Team Manager: _____

Name of Team Manager: _____

Team's Full Name: _____ (for example U15 Girls Galaxy)

I reviewed this scholarship application in its entirety to ensure it is completely filled out and I have received the required initial payment of \$150.00 from the parent/guardian. Team Manager's initials: _____

Section to be completed by Team Coach -

Name of Team Coach: _____

I reviewed the attached application and recommend that the parent's/guardian's request for financial assistance in the amount of \$_____ be approved. Team Coach's initials: _____

I support this request because _____

Section to be completed by Team Manager, Coach or Club Staff: Name

Did the player receive financial assistance last year? Yes or No (circle one) If yes, how much was player's portion? _____ Amount paid by player's family? _____

Did the player and/or his family complete the required volunteer hours? Yes or No (circle one)

How many volunteer hours were completed? _____

If hours were not completed, indicate reason why? Check one & explain below

___ They chose not to ___ They could not ___ Other

Explanation: _____

Section to be completed by Scholarship Committee Member: Name

The scholarship application is being approved in the amount of: _____

The player and their family are required to complete _____ volunteer hours as a result of the scholarship amount approved, this includes the standard volunteer hours required by the Club.