



AZZURRI FUTBOL CLUB

Financial Assistance Application for 2025 / 2026

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. 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 asked to serve in a volunteer capacity to assist the Club throughout the year.

In addition to the above volunteer hours, payment of the initial \$175.00 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.

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.

Initials of parent/guardian_____



AZZURRI FUTBOL CLUB

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?



AZZURRI FUTBOL CLUB

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: _____

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 asked 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.



AZZURRI FUTBOL CLUB

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 2025/2026 season.

I understand that monies awarded through this application process will be used to cover Club fees/dues only and cannot 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 \$175.00 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: _____



AZZURRI FUTBOL CLUB

FOR PLAYER ONLY – REQUIRED WRITING ASSIGNMENT

Instructions for player – please write as neat as possible and written statement may be written in Spanish or English.

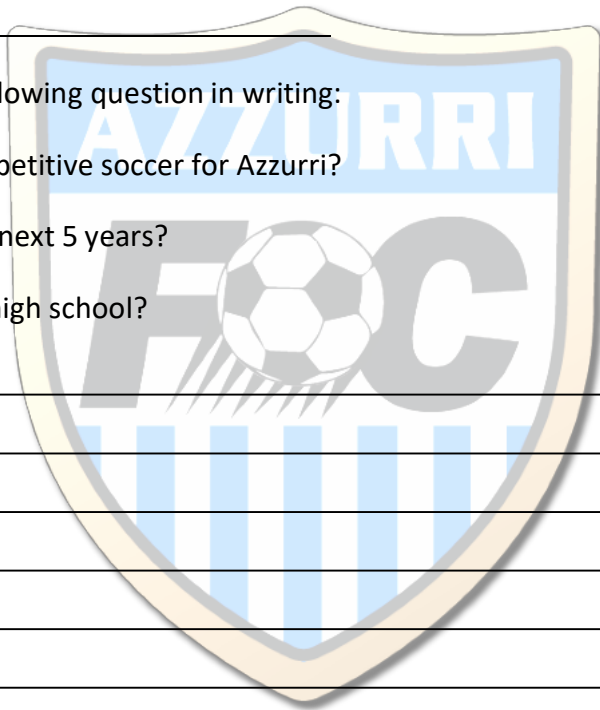
Player's Full Name: _____

Player must answer the following question in writing:

Why you want to play competitive soccer for Azzurri?

What are your goals in the next 5 years?

What are your goals after high school?



If additional space is needed please use the back side of this page.

This written statement **MUST** be attached to the Club scholarship application. If it is not attached, the scholarship application will be considered incomplete and may result in denial of your request for financial assistance.



AZZURRI FUTBOL CLUB

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 2015 Girls)

I reviewed this scholarship application in its entirety to ensure it is completely filled out and I have discussed the required initial payment of \$175.00 with 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 be approved. Team Coach's initials: _____

I support this request because _____

Section to be completed by Scholarship Committee Member:

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