

AZZURRI FUTBOL CLUB

Financial Assistance Application for 2026–2027

PROGRAM INFORMATION

The Azzurri Futbol Club (“Club”) Financial Assistance Program is designed to help those in financial need. The goal of the Club is to ensure that no player is turned away because of an inability to pay.

Awards are based on demonstrated financial need, household size, and available program funds. Priority may be given to families with multiple players, prior compliance with payment plans, and documented hardship.

This application does not guarantee financial assistance. Applications will be reviewed by a select committee and assistance will be awarded based on need and availability.

APPLICANT RESPONSIBILITIES

- \$175 registration fee required at submission
- Monthly payments required for remaining balance
- Notification required if financial circumstances improve
- Recipients must reapply each year

Applicants are responsible for any remaining Club dues not covered by assistance.

Failure to keep accounts in good standing may result in suspension of player privileges.

PLAYER INFORMATION

Player Name: _____

Team: _____

Gender: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Email: _____

Address: _____

City: _____

Phone: _____

Occupation: _____

Father/Guardian Name: _____

Email: _____

Address: _____

City: _____

Phone: _____

Occupation: _____

GENERAL INFORMATION

How many people live in the home? _____

How many children live in the home? _____

How many play for Azzurri? _____

Annual Household Income: _____

SPECIAL CIRCUMSTANCES

Please describe any special circumstances the Club should be aware of (job loss, medical issues, etc.):

VOLUNTEER INFORMATION

Financial assistance recipients may be required to complete volunteer hours.

Primary Volunteer Contact:

Name: _____

Phone Number: _____

Have you or anyone in your family volunteered for the Club in the past?

Yes No

If yes, in what capacity?

AGREEMENT

I certify that all information provided is true and correct. I understand that false statements may result in denial of financial assistance.

I understand that financial assistance covers Club dues only and does not include travel or team expenses.

CLUB USE ONLY

Date application received: _____

Team Manager Name: _____

Team Coach Name: _____

Application complete

Essay attached

Payment received

Documentation attached

Scholarship Amount Approved: _____

Amount Requested by Family: _____