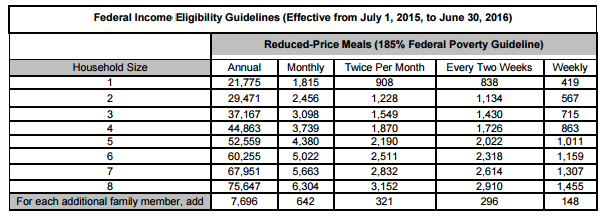
***Cecil Soccer League Financial Aid Application***

The following will be the policy regarding financial assistance for players who want to play for CSL. CSL Mission Statement is as follows:

“Cecil Soccer League is committed to maximizing the potential of all athletes and dedicated to developing in each player a love of soccer. We will encourage positive character development by teaching the fundamentals of Sportsmanship, Teamwork, Self-Improvement, Respect, Discipline and Exercise. We will provide training and educational opportunities for players, coaches and referees participating in Cecil Soccer League. We strive to build a safe family-oriented soccer experience for our players through Teams (Representative & Recreational), Tournaments, Leagues and Soccer Camps. Above all else, Cecil Soccer League is about having fun while competing in the game we love, SOCCER!”



CSL Financial Aid Program (CSL-FAP) will have a fund of $3,000 a season. The funding will primarily consist of late fees assessed during that season, donations made toward the financial aid program, and the remainder will come from the general fund.

Application for CSL-FAP funds will be submitted to the Registrar of CSL no later the 5 weeks prior to the beginning of the season via electronic format. The Registrar, VP of Travel and VP of Recreational will review all applications and provide this information at the next scheduled Board of Directors meeting. At no time will private financial information be divulged to anyone outside of the Registrar, VP of Travel Soccer, VP of Recreation and the President of CSL. Any applications received after that time will not be considered. If any part of the application is not completed or supporting documentation is not received then the application will not be considered.

Initially any person who qualifies for reduced school lunches will receive a maximum 50% discount on registration fees and anyone who qualifies for free school lunches will receive a maximum of 75% depending on funds available.

In return for a reduction of fees the applicant/player will be required to comply with the following:

1. For every 25% discount the applicant or their designee will be required to donate 4 hours of support to CSL on regular game days to assist with “game day functions, such as handing out pictures, answering questions and such at the barn.” You will be given a schedule of dates and times we will schedule you for assistance. The times would be 8am-12pm or 12pm-4pm and will not be labor intensive. This is in no attempt to be considered punitive in nature but a means to help assist CSL with filling in vacancies and reduce the man hours of members of the board. Should you not cover your assigned hours you will no longer be eligible to receive financial assistance in the future.

1. Players are expected to attend a minimum of 80% of all games and practices. Should the player not comply they will not be permitted to receive further Financial Assistance from CSL.

Please attach either a copy of your reduced school lunch form or a copy of prior year Federal Tax Form that shows your reported income. Understand this will be destroyed upon review of your application for assistance.

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**Cecil Soccer League**

**FINANCIAL AID REQUEST APPLICATION**

Year \_\_\_\_\_\_\_

1. Child’s Name: Age: \_ Male/Female: Birth Date:

**(One application per child)**

2.

Parent/Guardian Name: Home Phone: Work Phone:

3.

Parent/Guardian E-mail:

4.

Family Address:

Street \_ City: State: Zip:

5.

School Child Attends: \_\_ Grade Level:

6.

Is Parent(s)/Guardian(s) Employed? : Yes / No (please circle one) If not employed, is it by choice or are you unemployed due to loss of job, disability, or other reason? Please list reason.

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If unemployed, for how long:

7.

Does your child qualify for one or more public assistance programs?

Please check all that apply.

Free or Reduced Lunch

General Relief

Food Stamps

Aid for Dependent Children (ADC)

Foster Card

Medicaid

Social Security Income (SSI)

8.

Has your child ever received a registration waiver fee from CSL?

Yes No

9.

List any other circumstances that may assist the Committee in approving request:

\_\_

I certify that all of the above information is true and correct. I understand this information is being given to determine eligibility for financial aid from CSL. I understand that the CSL Financial Aid Committee may request supporting documentation to verify the information on this application and that aid may be denied if requested documentation is not supplied.

**Signature of Parent/Guardian Date**:

\*All information about the family’s identity is kept confidential. The circumstances of the request for financial aid will only be given to the 3-person Financial Aid Committee.