



2017/2018 COMPETITIVE TRAINING FEES FINANCIAL AID APPLICATION

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CVSC offers a limited amount of financial aid to players in need. The financial aid will be deducted from the player's competitive training fees at the end of the season. The financial aid does not cover registration fees, comp fees or team fees. To be considered for financial aid, a player's parent/legal guardian must complete this application.

This application must be submitted **NO LATER THAN MARCH 1, 2017** (U8 – U14) **or June 1, 2017** (U15 – U19) along with:

- 1) Copy of the parent(s)/guardian(s) 2015 income tax returns and 2016 W-2 wage statement
- 2) Completed financial aid application along with signed "Acknowledgement of Responsibilities" form

The application will be reviewed and you will be notified of a decision as soon as possible.

PLEASE NOTE: Volunteer hours are a requirement of financial aid recipients. **Every \$20.00 of financial aid awarded will require ONE HOUR of volunteer hours** (example: \$300.00 in financial aid will require 15 volunteer hours). These hours are to be completed by **OCT 15, 2017** and must be club volunteer hours, not team. It is the responsibility of the applicant to complete these hours, *no reminders will be given*.

PLAYER'S NAME: _____ **BIRTHDATE:** _____
(one application per player in family must be submitted)

TEAM (i.e., U10 Boys Green): _____ **COACH NAME:** _____

FATHER'S NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMPLOYER: _____

WORK PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

MOTHER'S NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMPLOYER: _____

WORK PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

LIST ALL CHILDREN IN YOUR FAMILY INCLUDING THOSE NOT APPLYING:

NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO

NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO

NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO

NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO

HOW MANY YEARS HAS YOUR FAMILY BEEN A MEMBER OF CVSC? _____

PLEASE STATE YOUR REASON(S) FOR REQUESTING FINANCIAL AID. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET:

LIST ALL ADDITIONAL INCOME YOU OR ANYONE IN YOUR FAMILY RECEIVES THAT IS NOT LISTED ON YOUR INCOME TAX FORMS (CHILD SUPPORT, CHILDCARE SERVICES, ETC):

I AGREE THAT THE INFORMATION I HAVE SUBMITTED ABOVE IS ACCURATE AND ACCEPT THE FINANCIAL AID REQUIREMENTS SET FORTH BY CASTRO VALLEY SOCCER CLUB

PARENT/GUARDIAN SIGNATURE

DATE



COMPETITIVE FINANCIAL AID ACKNOWLEDGEMENT OF RESPONSIBILITIES

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1 volunteer hour for every \$20.00 of financial aid awarded per player must be completed for those granted financial aid (example: \$300.00 in financial aid will require 15 volunteer hours). Hours must be completed by October 15, 2017 by an adult family member (18 or over). With the exception of head coach positions, hours that qualify towards financial aid are those that benefit the Club as a *whole, not an individual team*. Opportunities such as field maintenance/set up and field marshaling all qualify. Volunteering at special events such as Opening Night and CVSC tournaments are also available at various times throughout the season. Please remember that completion of these hours with signature of supervisor (page 3 of this application) is the responsibility of the applicant and no reminders will be given. Please contact any of the below board members for volunteer opportunities:

Jen Benson (Volunteer Coordinator): volunteers@castrovalleysoccer.com
Lourdes Navarrete (Events): events@castrovalleysoccer.com
Mark Yin (Fields): fields@castrovalleysoccer.com

I agree to the rules set forth by CVSC regarding financial aid award requirements. I understand that failure to do so will result in denial of future financial aid and may result in payment in full for this financial aid award prior to registering for future seasons.

Signature of parent/guardian

Date

OFFICE COPY



COMPETITIVE FINANCIAL AID ACKNOWLEDGEMENT OF RESPONSIBILITIES

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Signature of parent/guardian

Date

PARENT/GUARDIAN COPY



VOLUNTEER HOURS LOG SHEET

When required hours have been completed, please return this form to:

Castro Valley Soccer Club
3585 Castro Valley Blvd
Castro Valley, CA 94546
Attn: Volunteer Coordinator

NAME OF VOLUNTEER: _____ **PHONE:** _____

PLAYER(S) NAME: _____

DATE: _____ # OF HOURS WORKED: _____

ACTIVITY: _____ LOCATION: _____

NAME OF SUPERVISOR: _____

PLEASE PRINT

SUPERVISOR SIGNATURE: _____

DATE: _____ # OF HOURS WORKED: _____

ACTIVITY: _____ LOCATION: _____

NAME OF SUPERVISOR: _____

PLEASE PRINT

SUPERVISOR SIGNATURE: _____

DATE: _____ # OF HOURS WORKED: _____

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