



**2018/2019 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. **If you need an extended payment plan to cover remaining registration and training fees please indicate so in the application below.** Turn in application and tax forms to Castro Valley Soccer club before **May 25, 2018**. Email scanned copy to [compdirector@castrovalleysoccer.com](mailto:compdirector@castrovalleysoccer.com) or mail or drop off in locked mail box at 3585 Castro Valley Blvd, Castro Valley, CA 94546 along with:

- 1) Copy of the parent(s)/guardian(s) **2017** income tax returns and **2017** 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. If approved you will be contacted with instructions on how to register. Volunteer hours are a requirement of financial aid recipients. **Every \$20.00 of financial aid awarded will require ONE HOUR of volunteer hours** (e.g. \$300.00 in financial aid will require 15 volunteer hours). These hours are to be completed by **April 30, 2019** and must be club volunteer hours, not team. It is the responsibility of the applicant to complete these hours. **If you cannot complete these volunteer hours due to special circumstances (e.g. medical conditions or any other personal reasons) please indicate so in the application below and we will review and consider hardship exceptions.**

**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. **PLEASE ALSO INLCUDE REASON(S) IF YOU CANNOT COMPLETE (ALL/SOME) REQUIRED VOLUNTEER HOURS OR IF YOU NEED AN EXTENDED PAYMENT PLAN TO COVER REMAINING REGISTRATION AND TRAINING FEES:**

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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 **April 30, 2019** 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](mailto:volunteers@castrovalleysoccer.com)  
Lourdes Navarrete (Events): [events@castrovalleysoccer.com](mailto:events@castrovalleysoccer.com)  
Mark Yin (Fields): [fields@castrovalleysoccer.com](mailto: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**

(Page 2 of 3)

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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: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

PLEASE PRINT

SUPERVISOR SIGNATURE: \_\_\_\_\_

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DATE: \_\_\_\_\_ # OF HOURS WORKED: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

PLEASE PRINT

SUPERVISOR SIGNATURE: \_\_\_\_\_