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Space Coast United Soccer Club Financial Assistance Application 2018-19

Financial assistance is available toward player club registration fees. It is a need-based award for families who qualify for the Brevard County Public Schools Free and Reduced Lunch Program. Information may be found at the Brevard County Public schools website, [http://www.edline.net/pages/Brevard\\_County\\_Schools](http://www.edline.net/pages/Brevard_County_Schools). The application must be completed by the player's parent or guardian who is legally responsible for the player's financial obligations and submitted along with the BPS Free and Reduced Lunch Program letter to the Board of Director's Secretary, [secretary@spacecoastsoccer.org](mailto:secretary@spacecoastsoccer.org). Incomplete applications or those submitted without accompanying documentation will not be considered.

PLAYER INFORMATION

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: Male Female  
Program:  
Microkickers Minikickers YDP Recreation Academy Competitive  
If on a competitive team, Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION (all individuals financial responsible for player, use additional page if necessary)

Parent/Guardian Name (1): \_\_\_\_\_  
Address if different from Player: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian Name (2): \_\_\_\_\_  
Address if different from Player: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

I, \_\_\_\_\_, certify and affirm the information provided is true to the best of my knowledge. I understand that falsifying any information could cause player to be dismissed immediately without refund, and players who are dismissed will not be released from financial obligations previously agreed to. I understand the SCUSC financial aid committee will review my application; however SCUSC, its officers, directors, coaches and volunteers make no promise or assurance of financial assistance.

I certify I do not owe any fees to SCUSC for any prior season: \_\_\_\_\_ (Initial)  
I certify I do not owe any monies or fees to any other soccer organization: \_\_\_\_\_ (Initial)  
I understand all aid recipients will be required to fulfill 10 volunteer hours through the course of the seasonal year: \_\_\_\_\_ (Initial)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: deadline for applications for Competitive and Academy programs is May 25, 2018.**