



Space Coast United Soccer Club

P.O. Box 410301, Melbourne, FL 32941

info@spacecoastsoccer.org

Space Coast United Soccer Club Financial Assistance Application

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 on the county page brevardschools.org/Page/3473.

This 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 Treasurer at treasurer@spacecoastsoccer.org. Incomplete applications or those submitted without accompanying documentation will not be considered.

DEADLINES: Competitive program deadline is **June 30**.

Recreational program applications may be submitted at any time.

PLAYER INFORMATION

Player Name: _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Gender: Male Female

Program: Recreational Competitive

For Comp: Team _____ Coach _____

PARENT/GUARDIAN INFORMATION

(list all individuals financially responsible for player, use additional page if necessary)

Parent/Guardian Name (1): _____

Address if different from Player: _____

Mobile Phone: _____ Additional Phone: _____

Email: _____

Parent/Guardian Name (2): _____

Address if different from Player: _____

Mobile Phone: _____ Additional Phone: _____

Email: _____

Are you a Single-Parent Family Household? Yes No

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 are required to fulfill 10 volunteer hours through the seasonal year: _____ (Initial)

PrintName: _____ Signature: _____ Date: _____