



Half Moon Bay Soccer Club Financial Assistance Application

The purpose of this financial assistance application is to determine the need for financial assistance for players in the HMBSC who are unable to pay the full amount of club dues.

This form must be submitted to the HMBSC Financial Assistance Coordinator along with the listed documents **no later than November 11, 2018. Submit applications to 425 Poplar Street, HMB, CA 94019. LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Please note the following documents that MUST accompany the application.

- 2 consecutive pay stubs **from each employer of each parent** whether they live with the player or not.
- If any adult is on unemployment or disability, proof of this must be submitted.
- If paystubs are not available, then a letter from the employer must be submitted with the name of the company and the amount earned over 3 consecutive pay periods.
- Complete application must be signed by the coach or manager of your child's team as well as a signature from a parent.
- Must include the student's current report card (for grades 6 – 12 most recent report card must be attached).

****Without these documents the application will not be considered.**

Financial assistance will be considered based on the following criteria:

1. Need, based on the current San Mateo County Income Limits Guidelines
2. Fulfillment of prior financial obligation and financial aid obligation
3. Good Sportsmanship
4. Player must meet the academic standard of the Boys and Girls Club of 2.0 GPA
5. Players dedication through consistent attendance at team training, games and club events.
6. Family must commit to work in the snack bar, tournaments and miscellaneous fundraising events throughout the season as well as fulfill their commitments with their team responsibilities.

Financial assistance will be considered for up to 75% of club fees, not including team expenses and based on the amount of money available.

Player Name: _____ Coach: _____ Team: _____

Parent Name(s): _____ Phone: _____

Mailing address: _____

Email address: _____ # in household: Adults: ____ Youth: ____

Do both parents work: YES / NO Pay stubs included: YES / NO Report card included: YES / NO (6th – 12th grade)

I am verifying that this player meets the above criteria for the HMBSC financial assistance program.

Coach/manager signature

Date

I understand that my son/daughter, _____ must meet the above criteria in order to be eligible for this financial assistance award. If at any time the criteria are not met, the player leaves the club mid-season, or player becomes injured I agree that I will pay any monies owed to the HMBSC in a timely manner.

Parent #1 Signature

Parent #2 Signature

Date

For HMBSC use only:

Annual income parent #1 _____

Approved _____

Hours worked previous season: _____

Annual income parent #2 _____

Amount _____

Missing documents: _____

Total income _____

Denied: _____