



## COMPETITIVE (TRAVELING) LEAGUE PROGRAM

### INSTRUCTIONS FOR FINANCIAL ASSISTANCE

Dear Parent/Guardian:

Thank you for your interest in the Red Wing Soccer Club. It is the policy of the Red Wing Soccer Club to provide financial assistance to any person who desires to participate, regardless of their ability to pay the fees. These funds are made available through contributions to the Red Wing Soccer Club from a variety of sources.

Financial assistance eligibility will be determined based on a thorough review of the application, and if necessary, a personal interview with the applicants parents/guardian. Subsidies will be granted to the extent funds are available. The Red Wing Soccer Club believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their participation. Therefore, applicants are asked to pay a portion of the fees.

### ALL FINANCIAL ASSISTANCE RECORDS WILL BE KEPT CONFIDENTIAL

#### Application Procedures:

- 1. Fill out the Application on page 2 completely.**
- 2. Proof of income must accompany all applications.**

Provide a photocopy of your most recent Federal or State income tax return.

- 3. Explanation of unusual expenses or financial difficulties.**

Tell us about any unusual expenses or other personal situations that make it difficult for you to pay the fees. Write a brief explanation of the problem on a separate sheet of paper and attach it to your application.

Please allow two to three weeks for processing. Requests for financial assistance will be reviewed by a committee of club officers and should be submitted at least two weeks prior to registration deadlines.

If you have any questions regarding financial assistance, please contact Deb Marty 651-388-0939 ([debmarty@gmail.com](mailto:debmarty@gmail.com)).

Please fill out the Application on page 2 completely; attach proof of income and any explanations, and send to:

Red Wing Soccer Club  
P O Box 220  
Red Wing, MN 55066



**COMPETITIVE (TRAVELING) LEAGUE PROGRAM**

**APPLICATION FOR FINANCIAL ASSISTANCE**

***Player Information:***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Parent/Guardian Information***

Parent/Legal Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Currently employed? Yes / No  
Name of Employer \_\_\_\_\_ Monthly Gross Pay \$ \_\_\_\_\_  
Phone Number to Reach You At Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Parent/Legal Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Currently employed? Yes / No  
Name of Employer \_\_\_\_\_ Monthly Gross Pay \$ \_\_\_\_\_  
Phone Number To Reach You At Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you or your spouse receive any money each month that is not from work? Yes No

Who Sends You The Money? \_\_\_\_\_ What is the Money For? \_\_\_\_\_  
How Much Each Month? \$ \_\_\_\_\_

Who Sends You The Money? \_\_\_\_\_ What is the Money For? \_\_\_\_\_  
How Much Each Month? \$ \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_

In general, the Soccer Club will provide assistance to pay a portion of the fees required to participate in the program. Your share of the fee is determined by comparison to a sliding fee schedule and will be communicated to you after your application has been reviewed. Regardless, what amount of the fees **do you think** that you could afford to pay? \$ \_\_\_\_\_

If you are unable to pay your share of the fees, would you or your spouse be willing to volunteer to help with Soccer Club activities in exchange for not having to pay your share of the fee? Yes / No

**Important:** Be sure to fill in all of the spaces on this application that apply to you and sign the application below. Attach proof of income (see instructions on page 1). We cannot process incomplete applications.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*