



Circle City Futbol Club

Financial Assistance Fund Application

Program Overview:

Circle City Futbol Club (CCFC) offers financial assistance for youth soccer participants who wish to participate in CCFC Recreational, Select, or Travel programs. Requests for assistance will be considered on a per season basis. Requests must be submitted prior to the close of the registration period of the respective soccer season. Financial assistance can only be used to cover what is included with registration fees.

Financing is seldom more than 50% of registration fees, with the exception of extreme need and/or unforeseen circumstances beyond the control of the applicant. Maximum financial assistance is as follows:

- Recreational Program – 100% of registration fees
- Recreational Plus Program – 100% of registration fees
- Travel Program – 50% of registration fees

The CCFC Executive Board will review all requests singularly and objectively. All information provided to CCFC will be kept in the strictest of confidence and the Board requests that the applicant assure the Finance Assistance Committee the same confidentiality. Total assistance granted by the CCFC Executive Board will be dependent upon the amount available in the assistance fund.

The CCFC Executive Board will utilize the following factors when evaluating an assistance request:

- The financial resources of the applicant, including any special circumstances.
- The degree to which the applicant has used his/her own resources to help pay for fees.

If an applicant is granted assistance through the fund, the parent(s)/guardian(s) will be expected to volunteer their time by helping with various duties within the club. Parent(s)/Guardian(s) are expected to volunteer a minimum of six (6) hours to CCFC per season. This may include, but is not limited to:

- Concessions
- Field Maintenance (i.e. cut grass, line fields, repair goals and/or nets, general clean up, etc.)
- Picture Days (general guidance & supervision)
- Field Marshaling (game days)
- Trophy Day (setting up trophies, medals, coaches plaque and gift cards per team)

Players receiving assistance are expected to actively participate in practices and games within a reasonable level. Large numbers of missed practices and/or games or misconduct

can result in the forfeiture of said financial assistance for the current season and could adversely affect future requests as well.

Submission Instructions

Financial assistance requests should be submitted electronically where possible by sending a scanned copy of this form to info@circlecityfc.com, or by mailing a physical copy of this form to Circle City Futbol Club, 5351 E. Thompson Road #106, Indianapolis, IN 46237.

Please provide the following information:

Note: Please complete all sections of the application. All information contained within this document will be kept in the strictest of confidence.

Assistance requested for: Division: (Circle One) Rec Select Travel
Season: (Circle One) Spring Fall

If Travel, list team and coach name: _____

Contact Information: (Please Print)

Player's Name _____

Street Address _____

City, State, Zip _____

Father's Name _____

Street Address _____

City, State, Zip _____

Mother's Name _____

Street Address _____

City, State, Zip _____

Primary Contact Information (used to communicate any actions taken):

Name _____

Phone _____

Email _____

General Information:

Number of adults living in the household _____

Number of wage earners living in the household _____

Number of wage earners currently employed _____

Number of school age children living in the household _____

Number of children living in the household that are not of school age _____

Does the applicant qualify for the free or reduced school lunch program? Yes No

Do you own or rent a house? Yes No

Do you receive child support? Yes No

Requested amount of financial assistance _____

Volunteer Duty(s) Selected and date(s) _____

(Circle two) Concession Field Maintenance Picture Day Trophy Day Field Marshalling

Person completing the application (Please Print) _____

(Circle One) Father Mother Legal Guardian

Please explain your financial situation and provide any other additional information necessary for funding consideration:

I certify and affirm the above information is true and complete to the best of my knowledge. I understand that incomplete or misinformed information could jeopardize my eligibility for financial assistance. I understand that CCFC, its Board Members, and the Financial Assistance Committee make no promises or assurance of financial aid. I understand the awarded amount is subject to monies available in the assistance fund. I agree to volunteer my time for the stated number of hours in exchange for the assistance.

Signature _____

Date _____