



Player's Name: _____ Birth Date: _____

Address: _____ Gender: ___ Male ___ Female

City: _____ State: _____ Zip: _____ Home Ph: _____

E-mail address: _____ Work: ___ Cell: ___ Phone: _____

Name(s) of parent(s) or guardian(s) at above address: _____

How many other children in this family, at this household, are on NASA soccer teams: _____

How much is your total soccer registration for this season? _____

Of the total registration, I will provide \$ _____

I am applying for: (check all options that apply) _____ Registration Fee Scholarship;
_____ Work Program; ___ Uniform

I am applying for: (circle one) 100% 75% 50% 25% Assistance

Total number of people supported by your household income: ___ Adults; ___ Children

Check total gross income (before taxes, including child support) earned by all adults in your household last year:

Under \$25,000 ___ \$25,001 - \$35,000 ___ \$35,001-\$45,000 ___ \$45,001-\$50,000 ___
Over \$50,000 ___

Check assistance the player's family receives (check all that apply):

Subsidized housing _____ Free school lunch _____

Food Stamps _____ Reduced school lunch _____

Medical Assistance _____ Other _____

Title 19 Card Number: _____

Show current card (cards are based on the third of each month)

Please attach the following as proof of financial need along with this completed application:

- Proof of eligibility for school lunch program or other assistance.
- Financial aid application and award statement from school.
- Statement of extraordinary circumstances that make it difficult to pay the registration.

All statements in this application are true to the best of my knowledge. By signing this application, I agree to donate work time above and beyond that required of the entire membership back to Newton Area Soccer Association should all of my financial needs not be met.

Signature of applicant

Printed Name

Today's date: ___/___/20___

Additional Information:

PROGRAMS

Work Program: The work program allows players or family members of players to support club activities through working in various areas of the club. Wages are then applied to registration and coaching fees. This program is used in the areas of concession stand support and field work. In this program offering, everyone wins as the club benefits from the additional support by the player or player's family members and the player wins by receiving support for fees. Scheduled work is determined by the executive committee.

Scholarships: Through the scholarship program, awards are determined by the executive committee. The amount of the award depends on need, based on family income, number of family members and potential number of players per team requesting financial aide. Scholarships are currently funded through donations from community members, business and other organizations. As the club has limited financial resources, players will be asked to augment any awards that do not meet their full need with another program.

Newton Area Soccer Association is a non-profit organization and relies heavily on volunteers to support the youth who participate in its programs. Financial assistance is not guaranteed. Applicants will be notified prior to the start of the season if financial assistance cannot be obtained on their behalf.

INSTRUCTIONS:

The financial assistance program exists to ensure no one is prevented from playing soccer in the Newton Area Soccer Association Club for financial reasons. Please read and complete all information in this application to be sure you meet all the qualifications and supply all the necessary information.

- The Executive committee MUST receive your application by the registration deadline.
- Fill out the application as completely as possible.
- Attach a brief written explanation of why you are requesting a scholarship and why you feel you may qualify. Without this information, your application cannot be accepted.
- Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. are also taken into consideration. Be sure that you include an explanation of this in your written explanation if you have circumstances like these that should be considered.
- The Executive committee will be informed of the scholarship request and make the decision on all aspects of the scholarship. Your privacy will be carefully protected.
- You are responsible for paying any team expenses not covered by the financial assistance program for registration.
- Send you completed application to: Newton Area Soccer Association, Financial Assistance Committee, Attn: Registrar, PO Box 714, Newton, Iowa 50208
- Your letter must be postmarked by the registration date and contain a copy of your last month Title XIX card.