



Scholarship & Financial Aid Application 2019-2020

FC Prime & Brevard Soccer Association (Brevard SA) makes available scholarship and financial aid assistance towards club registration fees based on need and not merit. Brevard SA determines financial assistance eligibility using the Federal Poverty Thresholds (<https://aspe.hhs.gov/computations-2016-poverty-guidelines>). If your household income is 150% of this threshold or below, you are eligible to apply for assistance. Financial aid is limited and will be awarded on a first come basis.

The application must be completed by parent / guardian with all documents electronically submitted to treasurer@brevardsoccer.org or mailed to **Brevard SA, PO Box 120125, West Melbourne FL 32912-0125**.

Financial assistance requests are due no later than June 15th, 2019 and will require approximately two (2) weeks to process.

Incomplete applications or those submitted without required documentation will not be considered.

Player Information:

Player Name: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Boys: () Girls: () Age Group: U____ Coach: _____ (if known) Competitive :() Recreational:()

Parent/Guardian's Name (1):

Home phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email (1): _____ Email (2): _____

Parent/Guardian's Name (2):

Home phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email (1): _____ Email (2): _____

Are You A Single Parent (____)

Based on FC Prime & BSA's partnership with Athletic Assistance for Single Parents (AASP) families may be eligible for funding through this partner 501(c) (3) organization. For more information on AASP please visit - www.aaspcares.com

Documents for Proof of Income Required, two options:

- 1) Copy of previous year's household income tax return 1040 (or international equivalent). OR
- 2) Request a transcript from IRS using form 4506 T (<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>). Fill out form and in box 5 put Brevard Soccer Association, PO Box 120125, West Melbourne, FL 32912-0125, then submit the tax transcript. Attach additional page(s) if necessary to provide reason for request and any additional information.

I, _____, agree that 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 fraudulently dismissed will not be released from financial obligations previously agreed to. I understand Brevard SA staff will review my application and all aid recipients will be required to fulfill 20 volunteer hours throughout the course of the seasonal year.

I certify I do not owe any fees to Brevard SA for any prior season: _____ (Initial)

I certify I do not owe any monies or fees to any other soccer organization: _____ (Initial)

Signature: _____ Date: _____

Date Received : ____ / ____ / ____	(Staff only)
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