



Financial Aid Application 2021-2022

Brevard Soccer Academy (Brevard Soccer) makes available financial aid towards club registration fees based on need for all youth programs. Brevard Soccer determines financial aid eligibility using the following methods: federal poverty income thresholds or if a player is on the free or reduced lunch program or documented hardships. Financial aid is limited and awarded on a first come basis.

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

Submission Deadline: Competitive program is June 30. Recreational program applications may be submitted at any time.

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 Birth Year: _____ 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 Brevard Soccer'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

Required Documents for Proof of Income, 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, PO Box 120125, West Melbourne, FL 32912-0125, then submit the tax transcript.

Required Documentation for Reduced Lunch Program:

1. Provide proof of need in the form of the Brevard County Public Schools Free and Reduced Lunch Program acceptance letter. To get a copy of your player's letter, call the Office of Food and Nutrition Services at 321-633-1000 x11642

Attach additional page(s) as needed to provide documentation or 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 Soccer staff will review my application and all aid recipients will be required to fulfill volunteer hours throughout the course of the seasonal year.

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

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

Print Name: _____ Signature: _____ Date: _____