



## Financial Aid Policy and Application

for the programs of the **Casper Soccer Club, Inc.**

PO Box 2101, Casper, WY 82602

[www.caspersoccerclub.com](http://www.caspersoccerclub.com) 307-473-2617

**At the Casper Soccer Club**, we want every child to be given the opportunity to play soccer, who has the desire to participate. The Casper Soccer Club objectives are to provide soccer programming and opportunities for all ages and abilities to enhance soccer skills, promote a healthy lifestyle and help teach valuable life lessons.

**Financial Aid Policy** - CSC (Casper Soccer Club) Blades is committed to providing financial assistance to help members participate. We believe in giving but also that families are obliged to pay what they can and participate in the financial aid process. Every financial assistance recipient will pay a portion of the fees and fulfill volunteer hours if required for the program.

### Scholarships Available

**Competitive (Blades Program) Scholarship** – A percentage\* of the competitive membership fee is available. The Scholarship committee will review the application and determine the percentage of the membership fee to be awarded. A minimum amount may be required. If the application for financial aid is approved, the recipient will receive a code to reduce the balance due when registering for the competitive program.

**Recreational Program / TOPSoccer program Scholarship** – A Minimum\* amount may be required for the recreational player. Applications must be received promptly to meet the program registration deadlines. If the application is approved, the recipient will receive code reducing the balance due when registering for the program.

### Requirements

**Financial Aid Application** – The online application form will need to be completed.

**Additional Forms** - Both the recreational and competitive scholarships may require additional documents to support the request for financial aid. Additional documents may include the school free or reduced lunch form for your child(ren) from your child's school.

**Volunteer requirements** - Parents or Guardians of the player receiving support will be placed on a volunteer list and may be asked to volunteer throughout the season or year. If the parents or guardians fail to volunteer, the scholarship may be revoked, and the amount of the scholarship will be charged to the credit/debit card on file. Volunteer opportunities include but are not limited to, pre-season goal and net set up, trash clean up, field marshal, tournament duties, score entry, etc. Volunteer duties/hours will be available through [signup.com](http://signup.com) for different activities throughout the season.

Scholarships will be awarded according to a review of the application information/forms, number of applicants, frequency of request and the past fulfillment of volunteer responsibilities for the CSC. Applicants will be informed of the status of the scholarship by email with information to register for the program for which the financial aid is being applied.

\*Occasionally the Casper Soccer Club will receive a gift, or funds dedicated to the scholarship fund. Casper Soccer Club reserves the right to award scholarships for a portion of the amount or the full amount of fees due based on those gifts or funds.



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Date: \_\_\_\_\_

Name of person completing the application: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Player Name (first, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Registration Type:  Recreational  Blades

Household information:

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_ Number of children playing soccer for CSC: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Monthly\_\_\_ or Annually\_\_\_

Provide a brief description of extenuating circumstances supporting the request for financial aid:  
(Medical Expenses, Employment, Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Does your family qualify for free or reduced lunches with the School?  You may be asked to provide a copy of the eligibility letter from the school district.

By signing the financial aid application, I agree the information provided is accurate and complete to the best of my knowledge.

I also understand and agree with the volunteer obligation for receiving financial aid. I agree to being charged the full amount of the fees if I do not fulfill any portion of the financial aid application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_