



Player Name: _____

Birth Date: _____

Financial Assistance Program

Objective: Rush Union strives to keep soccer affordable and to reduce the economic barriers to playing the game. As such, as long as funds are available, Rush Union will make financial assistance available to qualifying players and their families.

- Fee amounts will be based on demonstrated need
- Assistance will be reviewed on a per person basis and must be applied for each year.

Administration: The Financial Assistance Program will be under the direct supervision of the Rush Union Financial Assistance Committee.

Criteria: Any family who has an economic barrier that prevents a player from participating can apply.

Need: Financial need will be assessed and taken into consideration in awarding assistance:

- Applicant must complete the required application form and return the club administrator at the player's home location (See Administrator contact emails below)
- **Applications for returning Rush Union players are due on May 15**
- Applications for new players to Rush Union are due on the last day of tryouts
- Certain financial documentation is REQUIRED in order to be considered. Information will be kept private and confidential
- Required documentation includes:
 1. Current year tax return, front page only, with social security number blacked out.
(Note: families with household income of more than \$60,000 generally don't qualify.)
 2. Other supporting documentation for additional hardship (job loss, medical bills, etc.)
- Failure to submit the required documentation will delay consideration of your application

Other Fees: Families are responsible for paying any uniform, camp, tournament or other team fees. Families may be required to volunteer their time in consideration of the assistance awarded. VOLUNTEER HOURS WILL BE TRACKED AND TAKEN INTO ACCOUNT FOR FUTURE ASSISTANCE.

Non- Discrimination Clause: No one will be disqualified from consideration because of sex, race, color, creed or religious beliefs.

Minimum Due at Signing: All players receiving financial assistance will have to pay a **minimum amount of \$300 at signing date, per player**. The remaining balance MUST be paid in installments. Rush Union has a No Pay, No Play Policy. Monthly payments must be kept up to date in order for players to continue to practice and play games.

Milton Administrator: Alane Gray agray@rushunionsoccer.org

DeKalb Administrator: Juliet Melvin jmelvin@rushunionsoccer.org



Player Name: _____

Birth Date: _____

Rush Union Financial Assistance Application
NOTE: Minimum Amount Due at Signing is \$300 – NO exception

1. Player Name: _____

2. Team/Birth Year: _____ Coach _____

3. Are any siblings applying? _____

4. Parent/Guardian Name: _____

5. Parent/Guardian Email and Phone: _____

6. Parent occupation/employer: _____

7. Are you a single income family? _____

8. Please use the space below to explain financial circumstances:

9. Current household annual income: _____

10. Please list what you feel you can afford to pay per month: _____

11. List any services you would be able to provide to the club in exchange for volunteer hours:

Please review the application for accuracy and completeness. By signing below, I confirm I understand the scholarship program requirements as stated. I further confirm the information above is true, accurate and correct.

Further, I understand that by completing the application a scholarship may or may not be awarded and the application and supporting documents must be reviewed in full. The applicant will be notified by email if a scholarship has been granted.

****APPLICATIONS WILL NOT BE PROCESSED WITHOUT SUPPORTING FINANCIAL DOCUMENTS (ie-Tax Return, pay stubs)**

Parent/Guardian Signature: _____ Date: _____
=====

For internal use only:

Approved: Yes No

Amount of Scholarship: _____ Team: _____



Player Name: _____

Birth Date: _____

PAYMENT COMMITMENT FORM (REQUIRED)

*****YOU MUST SELECT A FORM OF PAYMENT*****

CHOOSE ONE:

_____ **CREDIT CARD**

Credit Card Number _____

Expiration Date _____

3 or 4 Digit Security code _____

Name Printed on Credit Card _____

Billing address for this Credit Card:

Street Address _____

City _____

Zip Code _____

We accept Visa, MasterCard Discover and American Express.

Payments made by credit card may incur a convenience fee.

_____ **CHECK** (Due the 15st of each month and made payable to: Rush Union Soccer)

_____ **CASH** (Due the 15st of each month and must be delivered to club Administrator)

Signature of Individual Responsible for Payment

Date

Printed Name of Individual Responsible for Payment

Phone Number

****It is the customer's responsibility to report to Rush Union any problems with credit cards, such as lost or stolen cards, updated credit card expiration dates, and problems with banking accounts associated with post-dated checks. Thank you!*