



## Financial Assistance Application

**(Application must be submitted along with the Lake Norman Soccer Club Intent to Play and Financial Contract)**

Lake Norman Soccer Club (LNSC) provides financial assistance in amounts ranging from 10%-80% of Club Fees ONLY. Awards are granted subject to availability of funds and demonstrated need. Requests for financial assistance must be submitted with an Application Fee of \$200 when registering for a team. The Application Fee will be applied to the remaining Club Fees. The confidential requests will be reviewed by the Executive Director and Director of Finance and Administration. Every effort will be made to process applications prior to the date on which the first player fee payment is due. The player/family is responsible for all fees not covered by the award such as Team Fees, uniform fees and travel costs. Player and/or family members are making an annual commitment to their team and must serve LNSC in various additional volunteer opportunities beyond the normal volunteer expectation of all members.

Return signed Application and required documents with the application fee marked PERSONAL AND CONFIDENTIAL to:

Lake Norman Soccer Club  
Attn: Financial Assistance Committee  
542 Williamson Road  
Suite 4  
Mooresville, NC 28117

All items must be completed or marked non-applicable ("N/A").

\_\_\_\_\_ You MUST attach your most recent Federal tax form and the most recent paycheck stub(s) for both parents or other written documentation of income. **Any application, which does not include these forms, will not be considered for financial assistance. This information will be strictly confidential and used only for official purposes.**

Date of Application \_\_\_\_\_  
Player's Name \_\_\_\_\_  
Tryout Age Group \_\_\_\_\_  
Team Name \_\_\_\_\_  
Club Fees \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Primary Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Mobile Telephone \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Number of Dependent Children \_\_\_\_\_  
Who is Completing Application? \_\_\_\_\_  
Are You Currently Employed? \_\_\_\_yes \_\_\_\_no  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Length of Time with Company \_\_\_\_\_  
Is Your Spouse/Significant Other Employed? \_\_\_\_yes \_\_\_\_no  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Length of time with Company \_\_\_\_\_  
Your Gross Annual Income \$ \_\_\_\_\_  
Spouse's Gross Annual income \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ Source \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Amount of Financial Assistance Being Requested \$ \_\_\_\_\_  
If you are currently receiving State or Federal aid, list all (i.e. food stamps, medical aid, free school lunch program, etc.)

\_\_\_\_\_  
Please describe any special circumstances and why you should be considered for financial assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Upon acceptance of financial assistance, applicant makes a one-year commitment to the club and team. If these commitments to the team or LNSC are not fulfilled, I will be financially responsible for the full annual Club Fee.**

Signature \_\_\_\_\_  
Date \_\_\_\_\_