



FINANCIAL ASSISTANCE REQUEST FORM

Financial assistance is available to those players who are not able to afford the total costs associated with playing travel soccer. Therefore, DBSS Sting Soccer Club has funds available to help families who need financial assistance.

Eligibility

Eligibility *preference* for a scholarship will be given to a child that:

Qualify for or be currently receiving assistance from one or more of the programs listed below:	AND	Meet each of the criteria listed below:
<ul style="list-style-type: none">• Free or Reduced School Lunch• Temporary Assistance for Needy Families• Aid for Dependent Children• Foster Care• Medicaid		<ul style="list-style-type: none">• Commit to attend a minimum of 80% of scheduled practices and games• Follow the Nine Notable Notations for DBSS Sting Soccer Club player expectations

We will consider many factors when evaluating eligibility for financial assistance. Please submit a paragraph briefly stating any relevant information. Eligibility for our scholarship program does not guarantee that you will receive assistance. Funds are limited and will be distributed as available on a first-come, first served basis to those who qualify.

Applications for financial assistance must be made by a player's parent or guardian. Financial assistance application will be held in confidence between the parent/guardian and the scholarship committee for DBSS Sting Soccer Club.

The scholarship will cover player registration. It does NOT cover: uniforms, tournaments or travel expenses.

Financial assistance to a player may be terminated if the financial situation is resolved, club funds become unavailable, or if the player is deemed in conflict with the Club/Team requirements for player commitment or behavior.

Application Process

- To apply for financial assistance, please email your application and request paragraph to: dbssting@gmail.com
- Approval process will be handled by DBSS STING SOCCER CLUB
- You will be notified regarding the status of your application prior to the start of the season. If a scholarship is granted, you will be given more information on how to register. We will be contacting you via email.

Player Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Email _____ Phone _____

How much are you able to pay out of pocket? _____

Does your child(ren) receive: (please circle all that apply)

REDUCED SCHOOL LUNCH FREE SCHOOL LUNCH GOV'T ASSISTANCE FOSTER CARE MEDICAID

Submit this completed form along with a paragraph explaining why you are requesting assistance.