Sting SC Financial Aid Program

Sting SC ("the Club") believes that any player with the ability and interest to play competitive soccer should be able to play regardless of their financial situation. The Club has a financial aid program combined with fundraising opportunities to enable players to defray some of their club fees.

Financial aid application forms are available on the club's website.

Financial aid will be granted based on individuals demonstrating a financial need, the commitment to participate in club, team and individual fundraising activities, and volunteer history. Each application is specifically reviewed and discussed by the financial aid committee. The amount of financial aid awarded is decided on a case-by-case basis and the amount of funds the club has available. Financial aid is NOT available for tournament and team fees. High school age players seeking aid should apply in June at tryouts; do not wait until the completion of the high school season to apply.

The Club's financial aid program is conducted in accordance with applicable NCAA rules.

The financial aid committee consists of the Club's secretary and at least two other Club board members. All financial aid requests are confidential. Only the financial aid committee members and the Club registrar will have knowledge of those awarded financial aid.
A completed financial aid request from should be mailed to:

Sting SC
PO Box 26
Hayden, ID 83835

If your aid request is approved by the financial aid committee, the Club treasurer will process the financial aid by notifying the player's parent(s) or guardian(s) of the amount which will be credited to the player's account. If a financial aid request is denied, then a member of the financial aid committee will contact the player's parent(s) or guardian(s) to discuss the reason for denying the request. The financial aid committee will send a follow up letter (or email) to confirm the reason for denying financial aid and a copy of
the letter (or email) will be kept in the financial aid committee files for future reference.

Please contact the Club's secretary if you have questions about the Club's financial aid Program.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

Sting SC FINANCIAL AID APPLICATION

PURPOSE: To assist in providing financial aid to Sting SC players who would not otherwise be able to play competitive soccer.

ELIGIBILITY: To be eligible to apply for financial assistance, a player/family must:

1. Be willing to discuss personal financial matters with a member of the financial aid committee;
2. Agree to participate in future club and team fundraisers;
3. Be willing to make monthly payments to pay remaining soccer expenses if it is decided this is the best way to coordinate with financial aid monies provided;
4. Be willing to provide at least ten (10) volunteer hours to Sting SC.

Playing season for which you are applying for financial aid: _____

Player's Name: _____ Age Group/Team: _____

Parent/Guardian Name(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____Work Phone:_____ Cell Phone:_____

E-Mail Address: _____

Parent 1/Guardian 1 Employer AND Annual Income: _____

Parent 2/Guardian 2 Employer And Annual Income: _____

Are you applying as a single income household? YES _____ NO _____

If yes, are you responsible for the player's entire fee? YES _____ NO _____

If no, what percentage of the total amount will you be responsible for? _____%

Number of people in household:_____ Number of children playing soccer: _____

Number of children playing for Sting SC: _____

REQUIRED DOCUMENTS:

1. A copy of the most recent Federal Tax return for both parents/guardians

2. A copy of both parents/guardians most recent pay stub
3. A separate letter stating the reason(s) financial aid assistance is needed
4. Sting SC Volunteer Form for the coming year
    a. Please list the events or tasks parent(s)/guardian(s) and/or player(s) will participate in. This form MUST be completed in order to be eligible for financial aid.
5. Sting SC Summary of Volunteer Hours for the prior year
    a. If your player was a Sting SC financial aid recipient last season, please complete the attached volunteer worksheet documenting your volunteer hours.

If my child decides to leave the team for another club I understand that I will be responsible to pay all the financial aid fees awarded back to Sting SC before my child will be allowed to transfer. To the best of my knowledge, the information provided above is accurate and truthful. Note: both parents must sign or note why one parent/guardian is unable to sign.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Sting SC VOLUNTEER FORM

Playing season for which you are agreeing to volunteer: _____

Player's Name: _____ Age Group/Team: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Events at which you will volunteer:

-
-
-

Activities for which you will volunteer

- Field lines painting
- Referee
- Club fundraisers
- Team positions: _____
- Volunteering to help with:

_____

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Sting SC SUMMARY OF PRIOR YEAR VOLUNTEER HOURS

Playing season for which you completed volunteer activities: _____

Player's Name: _____ Age Group/Team: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Volunteer Events/Tasks and Total Hours Worked:

_____

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