

2011 St. Paul Blackhawks Financial Assistance Program

U12-U19 Deadline Aug. 17, 2010

BACKGROUND

St. Paul Blackhawks is committed to providing a high-quality, affordable youth soccer program. While we try hard to keep club fees as low as possible, we realize that paying the full amount can be a hardship for some families. The St. Paul Blackhawks Financial Assistance Program exists to help ensure that no one is prevented from playing in Blackhawks for financial reasons. Our goal is to offer some assistance to every family that demonstrates need. Budget constraints may not allow us, however, to give everyone the level of aid they believe adequate.

FINANCIAL ASSISTANCE AWARDS

Financial assistance award levels vary according to need. Based on factors such as family income, family size, and player age, awards may be granted to cover from 90 down to 25 percent of the membership dues for a player. Families with children receiving free or reduced-cost school lunch are presumed eligible for financial assistance. Other families may also be eligible, and any family that feels it has need of financial assistance should submit an application. Special circumstances - such as large medical expenses not covered by insurance - will be considered. Please include an explanation of such circumstances in the financial assistance application.

If you receive financial assistance, it will be used to pay membership dues. You are responsible for paying other expenses the financial assistance award does not cover, such as the cost of the uniform, as well as team-specific travel and tournament costs.

CONFIDENTIALITY

All financial information is maintained in strict confidence and may be accessed only by the Scholarship Director. Names of financial assistance recipients and the level of financial assistance awarded are disseminated narrowly on a need-to-know basis to the club administrator, club treasurer, and relevant age group coordinators and team managers.

APPLICATION PROCEDURE

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STEP 1: During your online registration for 2011 Summer League, complete the Financial Assistance application page.

STEP 2: Print and fill out Part 2 of the application.

STEP 3: Gather supporting materials. Make copies of your latest Federal and State income tax returns, which are the best proof of income and family size. If you do not have these, you can use copies of other documents from the following list, but we may ask you for the income tax forms if the other documents do

not provide enough information.

- Current paycheck stubs for all earners in household
- Proof of eligibility for school lunch program or other assistance
- Financial aid application and award statement from private/parochial school
- Statement of extraordinary circumstances that make it difficult to pay club membership dues

STEP 4: Mail Part 2 and supporting materials to Scholarship Director by August 17, 2010. This information will be kept strictly confidential. Scholarship Director mailing address:

Brad Cohen
1460 Raymond Avenue
Saint Paul, MN 55108

Questions about scholarships?

Contact Scholarship Director at brdchn2@gmail.com or 612-718-5873.

You will receive notification of your award and payments due, if any, via email.

****NOTE: If you do not have access to the internet, please call Joe Crosby (651-605-1410 to complete Part 1 by phone and to request having Part 2 sent by mail.**

Part 2 SCHOLARSHIP APPLICATION

Mail this form with supporting materials to:

Brad Cohen 1460 Raymond Avenue Saint Paul, MN 55108

PARENT OR GUARDIAN:

First Name _____ Last Name _____

Phone _____

Street Address _____

City _____ Zip _____

PLAYER 1:

First Name _____ Last Name _____

Age Group (circle) **U12 U13 U14 U15 U16 U17 U18 U19** Gender (circle) **M F**

PLAYER 2:

First Name _____ Last Name _____

Age Group (circle) **U12 U13 U14 U15 U16 U17 U18 U19** Gender (circle) **M F**

PLAYER 3:

First Name _____ Last Name _____

Age Group (circle) **U12 U13 U14 U15 U16 U17 U18 U19** Gender (circle) **M F**

INCOME:

Annual Household income (before taxes) _____

How many are supported by income? _____

ASSISTANCE RECEIVED:

Child support? Yes No

Subsidized housing? Yes No

Food stamps? Yes No

Medical assistance? Yes No

Reduced or free school lunch? Yes No

School tuition assistance? Yes No

Other (describe) _____

Please attach supporting documents to this form and mail to:

Brad Cohen 1460 Raymond Avenue Saint Paul, MN 55108

All statements in this application are true to the best of my knowledge.

Signature

Date