



Emerald City Football Club
P.O. Box 85505
Seattle, WA 98145
accounts@emeraldcityfc.org
fax: 425-226-6240

FINANCIAL AID APPLICATION INFORMATION

1. ECFC uses the USDA's Nutrition Assistance Programs Income Eligibility Guidelines as a basis in determining eligibility for Financial Aid Applicants.
 - a) The Income Eligibility Guidelines are included in this packet or more information can be found on the USDA website: <http://www.fns.usda.gov/cnd/>
 - b) If your player is eligible for the Free or Reduced Price School Lunch Program, please attach a copy of the eligibility letter to your Financial Aid Application.
2. The application deadline is 10 days from your registration date. If you should need additional time to prepare your application, please contact the ECFC administrator by email at accounts@emeraldcityfc.org
3. The amount of money available for financial aid will depend on factors such as size of the scholarship fund (dependent on contributions and fundraising) and the number of applicants.

A \$200.00 non-refundable payment must be made at the time of application; applications received without this deposit will be not be processed. Any amounts awarded are applied to the remaining Fees due in order to reduce future payments. You will be responsible for any balances remaining after awards are made
4. Financial aid awards are only available to pay for a portion of club fees and no part of team fees. You are responsible for all team fees, uniform costs, or other expenses. Individual teams set their own team fees and budget for up to two scholarships to cover team fees. Inquire about team fee scholarships with your team treasurer.
5. Applications submitted without supporting documentation will not be considered. Please provide the following documents: a) top two pages of most recent tax return, b) most recent paystubs for both parents or guardians. ECFC reserves the right to request additional documentation prior to processing the request. Financial aid applications may be subject to review throughout the season and fees may be adjusted accordingly.
6. If you are a person (i.e. team manager, treasurer, translator) helping a family fill out their Financial Aid application, please list your name in the space provided granting permission for ECFC to discuss the application with you.
7. Those families receiving financial aid funds will be expected to participate in both club and team activities. This may include volunteering for club or team activities, fundraising events, team or club position, carpooling or other opportunities as they become available.
8. Questions regarding your financial aid application can be emailed to amy.wakeman@emeraldcityfc.org

"Emerald City FC exists to develop each of our players to his or her fullest potential, competing at the highest level while demonstrating exemplary teamwork, sportsmanship and a passion for the game"



EMERALD CITY FOOTBALL CLUB
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FINANCIAL AID REQUEST FORM

All financial aid requests received prior to application deadline will be considered within 30 days of receipt.

- Since financial aid requests generally exceed our budget, it is highly unlikely that we can award financial aid to late applications. Your financial aid application is due within 10 days of your registration date. Please include your \$200.00 deposit with all applications, those applications without deposit will not be considered.
- All requests must be submitted on the official ECFC Financial Aid Request Form, with supporting documentation, and mailed to the above listed address. ECFC reserves the right to request additional documentation prior to processing the request. Each request will be considered individually. Financial aid requests submitted without supporting documentation will NOT be considered.
- A new financial aid application is required each year and if financial situation is different for players listed, a separate application will need to be submitted for each player.
- Emerald City F.C. only provides financial aid toward the club registration fee and \$100.00 towards uniforms for full awards. The club may award partial assistance based on the information submitted in your application. Under no circumstance will team fees be waived or subsidized by Emerald City F.C.
- Financial aid request and supporting documentation will be held in the strictest confidence. We will notify the team manager and/or treasurer only after financial aid is awarded. Financial aid applications from returning ECFC players may receive preferential treatment.
- Please recognize that Emerald City F.C. expects those who receive financial aid funds to be especially diligent in participating in both club and team events and fundraising activities.

Player's Name

List all current Emerald City players in this family, including the player listed above:

Amt Requested	Player's Name	Birthdate	Team	Coach
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____

Are any of these players eligible for the Free or Reduced Price School Lunch Program? Y N If yes, please provide a copy of eligibility letter for each player.

EMERALD CITY FOOTBALL CLUB *PO BOX 85505* SEATTLE, WA 98145
FINANCIAL AID REQUEST FORM

Name of Parent or Guardian #1 requesting financial aid

Email _____
Okay to send correspondence by email? Y N

Parent/Guardian # 1 Address

Home Phone No

Cell Phone No

City

Zip

Married Single Divorced Widowed

Currently employed? Y N Current Monthly Household Income (provide most recent paystubs) \$ _____

Other income (include child support, alimony or unemployment benefits) \$ _____ mo year

Name of Parent or Guardian #2

Email _____
Okay to send correspondence by email? Y N

Parent/Guardian # 2 Address

Home Phone No

Cell Phone No

City

Zip

Currently employed? Y N

Please provide the top 2 pages of your family's signed tax return for current tax year (2016) Form 1040. If tax return is not a joint return please explain: _____

Please explain any extenuating circumstances that may affect deliberations: _____

I hereby grant Emerald City Football Club permission to discuss my financial aid application with the following person or persons (i.e. team manager, treasurer), _____.

I/we, _____, parent(s)/guardian(s) of _____, do hereby certify under penalty of perjury, that the information provided by me/us on this application, and all supporting documentation, is true and correct and accurately portrays our financial need. I understand that deliberate misrepresentation may subject me to prosecution under applicable law, and may deprive deserving players of assistance. I/we pledge to inform the club and surrender further financial aid if our need is reduced at some point during the seasonal year. If awarded partial assistance, I/we agree to pay all remaining balances owing for registration and uniform costs.

Signed _____ Date _____

Signed _____ Date _____