CAROLINA ELITE SOCCER ACADEMY

Financial Assistance Application
Fall 2022 - Spring 2023

CoE, Jr Academy, Select, Challenge, ECRL and ECNL
CESA Greenville, CESA Anderson, CESA Spartanburg, CESA Tri-County, CESA Pachuca

It is the policy of CESA to provide soccer opportunities for all youth regardless of the ability to pay to the extent there are Financial Assistance Funds available. A parent/applicant must complete this Financial Assistance Application and attach a copy of their **MOST RECENT 2021 OR 2020 Federal 1040 Tax Form**. (The child/player must be listed as a dependent on the required Federal 1040 Tax Form.) **Any Financial Assistance Application that does not include the required Federal 1040 Tax Form will not be considered for Financial Assistance. Please complete both pages of this Financial Assistance Application. (If you do not file taxes, you and your spouse must each submit 2 paycheck stubs for wages received within the last 60 days.)**

It is the intent that Financial Assistance Program will be granted for the "Remaining Club Fee" of the 2022-2023 season. Recipients are responsible for all Team Fees and must stay current with these monthly fees to remain on assistance.

Instructions: Financial Assistance Applications must be submitted prior to JULY 14, 2022. NO APPLICATIONS WILL BE REVIEWED AFTER THIS DATE. Financial Assistance will be granted on a rolling basis until the allotment is expended. Therefore, the earlier the Financial Assistance Application is received, the better the possibility the request will be granted. (Be prepared to meet with the Scholarship Committee if questions arise.) The parent/applicant will be notified of the Scholarship Committee's decision. Please complete both pages of this Financial Assistance Application.

Mail or bring (1) Copy of the player's 2022-2023 Registration Receipt for "Accept Team Position", (2) Financial Assistance Application and (3) The required Federal 1040 Tax Form in an envelope marked "Confidential" to:

Carolina Elite Soccer Academy
Attn: Financial Assistance
18 Boland Court
Greenville SC 29615

Information obtained in this Financial Assistance Application will be used only in determining eligible candidates for Financial Assistance and will not be released. If all required information is not sent in with this Financial Assistance Application, your child/player may not be considered for Financial Assistance this season.

-- Please Complete All Requested Information --

Each player must have their own assistance form.

Child/Player's Name _____

Center of Excellence / Junior Academy or Travel Program Age Group/Team _____

Names of Siblings (& Program) Applying for Financial Assistance _____

Parent/Applicant's Name _____ Phone _____

Home Address_____ City _____ State _____ Zip _____

Email Address (please print legibly) _____

-- Parent/Applicant Employment Information --

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 _____

-- Parent/Applicant Financial Data --

Do you have any additional income not listed on the required Federal 1040 Tax Form? No ____ Yes ____

If yes, please list Type and Amount _____

If the child/player is not listed as a dependent on the required Federal 1040 Tax Form, please explain why _____

_____

Are you currently receiving Federal or State Aid? Please list (i.e., Food Stamps, Medical Aid, etc.)

Please explain why the parent/applicant should be considered for Financial Assistance and explain any special circumstances to be considered:

_____

_____

Have you received Financial Assistance from Carolina Elite Soccer Academy before?

No ____ Yes ____ if yes, please list each season received _____

Upon the acceptance of Financial Assistance, the parent/applicant agrees to assist Carolina Elite Soccer Academy (CESA) with fundraising or other club functions if asked to do so. The parent/applicant fully understands that should their employment or financial situation change, the parent will notify CESA of such change.
The parent/applicant also agrees that should partial or no Financial Assistance be granted, the parent/applicant will pay the remaining Club Fees and team Fees balance due of the Centre of Excellence Program, Junior Academy Program, or the Travel Program to the respective team in monthly payments.

Parent/Applicant's Signature _____ Date _____

To be considered for Financial Assistance, all required forms must be completed and returned with this Financial Assistance Application.