



## Gulf Coast Soccer Financial Assistance Program

The GCYSC Financial Assistance Program was created to ensure that players from families who may be financially challenged or affected by employment disruption are able to play soccer. This program is funded by Gulf Coast Youth Soccer Club, member and sponsor donations and will be used to help children continue playing that may not otherwise be able to do so. While we cannot guarantee that we will be able to fulfill every request, we will make every effort to raise funds and help those families with legitimate needs to the extent funds are available. **Please read, complete the application, and submit all requested documents to be ensure you meet the qualifications required to receive assistance.**

- **Your application must be received by email or at the address below for consideration.** The FAP committee will meet to consider all applications received. A committee member will reach out to you once your application has been reviewed.
- Every effort will be made to maintain confidentiality
- Attach a brief explanation about your situation and why you are requesting financial assistance. Please include if this is a temporary need for assistance or long term. **Without this information, your application may not be accepted.**
- The Financial Assistance Program operates on a “needs based” model, and is based on family income, household dependents, potential number of players requesting financial assistance and funds available in the program.
- Please provide a copy of our latest Tax Return (1040) as verification of income and number of household dependents.
- Please provide a copy of any layoff, furlough, or proof of unemployment as verification of income loss.
- The Financial Assistance Committee and club Treasurer and Registrar will be informed of the amount of assistance a family receives. Otherwise, your privacy will be carefully protected.
- We also have a volunteer/work to play programs for anyone that prefers to volunteer and instead of financial assistance. Please check the volunteer box on the form, email, or mail to the address below.
- Mail or email your completed application to:

**Gulf Coast Youth Soccer Club  
Financial Assistance Program  
P.O. Box 1311  
Nederland, Texas 77642  
Email: [FAP@gcysc.com](mailto:FAP@gcysc.com)**

**Please make certain you include the following as proof of your financial need along with this completed application:**

- Copy of most recent Federal Tax Return for all adults in the household
- Proof of layoff, furlough, or unemployment.
- Proof of eligibility for school lunch program or other assistance for the most recent school year
- Financial aid application and award statement from private/parochial school
- Statement of extraordinary circumstances that make it difficult to pay club dues due to your situation for the committee to consider.



**GULF COAST YOUTH SOCCER CLUB**  
[WWW.GCYSC.COM](http://WWW.GCYSC.COM)

**FINANCIAL ASSISTANCE PROGRAM**

<b>Official Use Only</b>
Reviewed by: _____
Date: ____/____/____

Players Name:	_____		
Players Date of Birth:	____/____/____	Coach Name:	_____
Parent or Guardian Name:	_____		

Family Address	_____	City	_____	ZIP:	_____
Home Phone:	_____	Cell #:	_____	Work #:	_____
Email Address:	_____		Secondary Email:	_____	

Father Occupation:	_____	Employer:	_____
Mother Occupation:	_____	Employer:	_____

Check total combined gross income earned by all adults in your household last year (salary, child support, business income, etc.)

Under \$25,000	_____	\$45,001 – 55,000	_____
\$25,001 - 35,000	_____	\$55,001 – 70,000	_____
\$35,001 – 45,000	_____	Over \$70,000	_____

Dependent Children (under 18 living at home): \_\_\_\_\_

Other adults supported by household income: \_\_\_\_\_

Check other assistance the player's family receives (check all that apply):

Subsidized Housing:	_____	Free School Lunch:	_____
Food Stamps:	_____	Reduced School Lunch:	_____
Medical Assistance:	_____	Other:	_____

I can afford to pay \$\_\_\_\_\_ toward my child's soccer program and club fees.

I prefer to volunteer my time toward paying for my child's soccer program fees. Please contact me to discuss.

I understand that applying for financial assistance is in no way construed as acceptance or guaranty to grant me financial assistance and aid has not been offered as an inducement to join the club. I agree to donate work time above and beyond what may be required of the general membership and participate in Club fundraising efforts and other volunteer programs to compensate Gulf Coast Youth Soccer Club. I further certify that all statements and above information are true to the best of my knowledge.

_____ Signature	_____ Printed Name	____/____/____ Date
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_____ Signature	_____ Printed Name	____/____/____ Date
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