

Player Assistance Application Grand Rapids Crew Juniors

Total number of Crew Soccer Players: _____ Coach's Name(s): _____

Premier or Select: _____ Gender (boys / girls) & Age Group(s): _____

Total Financial Request Amount

Enter financial assistance requesting: \$ _____

Player's Name _____

Parent/Guardian's Name _____ **Occupation** _____

Address _____ **City & Zip** _____

Telephone _____ **E-Mail** _____

Co-Applicant (guardian) _____ **Occupation** _____

Address _____ **City & Zip** _____

Telephone _____ **E-mail** _____

Application for assistance must have copy of 2010 IRS federal form 1040, 1040A or 1040 EZ. If applicant and co-applicant file separately, we require both tax returns. Also attach supporting tax schedules if you have income from:

Business (Schedule C or C-EZ and Form 4562)

Farm (Schedule F and Form 4562)

Rental Property (Schedule E)

S-Corporation (Schedule E, Form 1120S, Schedule K-1 and Form 8825)

Partnership (Schedule E, Form 1065, Schedule K-1, and Form 8825)

Estates and Trusts (Schedule E, Form 1041, Schedule K-1)

*All information submitted will be kept confidential. GRCJ is prohibited from discriminating on the basis of race, color, national origin, or sex. **Financial aid requests will not be considered without provided documentation.***

Throughout the soccer season, GRCJ will need volunteer help for tryouts, registration nights, tournaments, etc. By accepting financial assistance, the player and parent(s)/guardian(s) are agreeing to serve in a volunteer capacity when asked to do so.

Other Information:

1. Employment Status (Check one):

Applicant: full-time part-time unemployed

stay-at-home self-employed other

Co-applicant: full-time part-time unemployed

stay-at-home self-employed other

2. Total people living in home: _____

3. Annual income: _____

4. Does your family receive **financial assistance** from any federal or state agencies?

(check one) Yes No

If so, please name the agency and type of assistance: _____

5. **Other assets and liabilities:**

A. Housing (Check one) own rent: \$_____ per month

B. If you own a home, the estimated value: _____.

C. If you own a home, the amount you owe (mortgage): _____.

D. Own a second home/cottage/land: Yes No

If 'yes' to second property, estimated value? _____.

E. Value of Cash, savings, and checking accounts: _____.

F. Value of Stock, bond investments, mutual funds, certificates of deposit: _____

G. Value of Retirement plan assets(401(k), 403(b), IRAs: _____

H. Trust/Inheritance assets: Yes No

I. Number of vehicles owned: 1 2 3 4+

J. Credit card debt: _____

K. College Tuition, Private School payments, or educational expenses expected in 2010-11:

_____.

L. Monthly Lease payments (vehicles only): _____

M. Out-of-pocket medical expenses expected: _____

N. Child/Day Care Expenses expected this year: _____

O. Elder Care Expenses expected this year: _____

P. Other Monthly loan payments (house equity, etc.) may be listed below:

Use the space provided to add any further information that you would like us to consider when determining financial assistance (employment status, unexpected hardships, etc.):

I certify that all of the above information is true and correct. I understand that this information is being provided as a method to assist GRCJ staff in determining the level of financial assistance that may be awarded toward player fees for the 2011-2012 GRCJ soccer season. I understand that monies provided through this application process will be used to pay Crew player costs, and will not pay for any supplemental expenses associated with participating in GRCJ (travel expenses, team fees, uniform, etc.).

I authorize the representatives of GRCJ to discuss this request with the team manager/coach, along with board members in an effort to make a determination of what financial assistance may be granted and/or track payments against an established payment plan.

Signature of Applicant or Co-applicant

Date

Print Name of Signee

After careful consideration, the GRCJ Board will make final approval of all financial assistance requests. You will be notified when this process is complete.

Mail completed form & income data to: Grand Rapids Crew Juniors
5449 28th St. Court
Grand Rapids, Mi. 49546

Grand Rapids Crew Juniors' Staff Only			
Approval Amount:	\$ _____	Approval Date:	_____
Application Received On:	_____	Staff Initials:	_____