

**Florence Soccer Association**  
**Fall 2010 / Spring 2011 Financial Assistance Application**

Financial assistance may be provided to assist with the Florence Soccer Association payments for players/parents/guardians truly in need. Complete all required information on this application and attach a 2009 Federal 1040 Tax Form. FSA will review the information to determine if assistance will be granted.

**Player Name:** \_\_\_\_\_ **Team:** U\_\_\_\_ **Boy / Girl**  
**Parent/Guardian Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Length of time with employer: \_\_\_\_\_

**Is your spouse/significant other currently employed?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Length of time with employer: \_\_\_\_\_

**Do you have any additional income not listed on the attached 2009 Federal 1040 Tax Form?**  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If yes, please list type and amount:

\_\_\_\_\_

**If the player is not named on the 2009 Federal 1040 Tax Form, please explain why:**

\_\_\_\_\_

\_\_\_\_\_

**Please explain why the parent/guardian of the player should be considered for financial assistance and explain any special circumstances to be considered:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be considered for financial assistance:**

1. All of the above information must be completed.
2. A copy of the 2009 Federal 1040 Tax Form must be attached (The player must be listed as a dependant).
3. The parent/guardian may be required to meet with a FSA subcommittee to discuss the request.
4. Mail to: Robert Williams  
2500 Anderson Farm Rd  
Florence, SC, 29501

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_