

Florence Soccer Association
Fall 2011 / Spring 2012 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 2010 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 2010 Federal 1040 Tax Form?
_____ **Yes** _____ **No** If yes, please list type and amount:

If the player is not named on the 2010 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 2010 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): _____