

**CAROLINA ELITE SOCCER ACADEMY**  
**CESA Tri-County Financial Assistance Application**  
**Fall 2018-Spring 2019**  
**Center of Excellence Program / Travel Program**

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 required 2017 Federal 1040 Tax Form. (The child/player must be listed as a dependent on the required 2017 Federal 1040 Tax Form.) **Any Financial Assistance Application that does not include the required 2017 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.)**

All U7-U12 Center of Excellence Program parents/applicants requesting Financial Assistance must pay the initial \$300.00 payment of the CESA Tri-County Club Fee within 48 hours of Team Posting. It is the intent that Financial Assistance will be granted for the remaining Fall 2018-Spring 2019 Center of Excellence Program Club Fees. Recipients must stay current with monthly Team Fees in order to retain scholarship status.

All U13-U14 Select Travel Program parents/applicants requesting Financial Assistance must pay the initial \$300.00 payment of the CESA Tri-County Club Fee within 48 hours of Team Posting. It is the intent that Financial Assistance will be granted for the remaining Fall 2018-Spring 2019 U13-U14 Select Travel Program Club Fees. Recipients must stay current with monthly Team Fees in order to retain scholarship status.

All U15-U19/20 Select Travel Program parents/applicants requesting Financial Assistance must pay the initial \$200.00 payment of the CESA Tri-County Club Fee within 48 hours of Team Posting. It is the intent that Financial Assistance will be granted for the remaining Fall 2018 U15-U19/20 Select Travel Program Club Fees. Recipients must stay current with monthly Team Fees in order to retain scholarship status.

**Instructions: Financial Assistance Applications must be submitted prior to June 15, 2018.** 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 the appropriate (1) **Center of Excellence Program** or (1) **Travel Program Proof of Registration Receipt**, this (2) **Financial Assistance Application** and the required (3) **Federal 1040 Tax Form** in an envelope marked "Confidential" to:

Financial Assistance Committee-CESA Tri-County Center of Excellence Program/Travel Program  
Carolina Elite Soccer Academy  
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.**

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**-- Please Complete All Requested Information --**

**(A Separate Center of Excellence / Travel Program Application Form Is Needed for Each Child/Player)**

Child/Player's Name \_\_\_\_\_

Center of Excellence 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.)  _____ _____ _____
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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 that CESA will be notified of such change. The parent/applicant also agrees that should partial or no Financial Assistance be granted, the parent/applicant will pay the remaining balance due of the Centre of Excellence Program Team Training Fees or the Center of Excellence Program Team Training Fees or the Travel Program Team Training Fees 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.**