



Assistance Grant Application

Total fee-\$ _____
 Parent pmt-\$ _____
 Due from parent (in payments)-\$ _____
 Forgiveness amt \$ _____
 Approved by _____
 Date _____

UUSC understands that many families are experiencing financial challenges. Our goal is to ensure that no child is denied playing soccer due to financial constraints. In order to help all who need assistance, we ask that an initial payment to be made at the time of registration. A payment plan will be set up for the remaining balance due from you. In return for the amount forgiven, we ask that you provide volunteer service. Failure to participate in volunteer services may affect future awards.

Player's Name: _____ Age: _____ Birthday: _____

Name of parent financially responsible: _____

Street Address _____ City _____ State _____ Zip _____
 Phone: (h) _____ (c) _____ E-mail: _____

Please provide one of the following documents for verification of need:

- Oregon Trail Card (with paperwork)
- Documentation for Free/Reduced lunch
- Unemployment documents

Amount that I am able to pay for season \$ _____ Amount that you can pay today \$ _____

Volunteer Program Assignment (mark areas in which you are able to help)

- | | |
|-------------------------------------|-------------------------------|
| _____ Snack shack | _____ Fundraising |
| _____ Move goals/hang nets | _____ Clean soccer building |
| _____ Line fields | _____ Clean restrooms |
| _____ Set up/take down corner flags | _____ Pick up trash in fields |
| _____ Coach or assistant coach | |

_____ I have received grant assistance in the past and have fulfilled my volunteer hours by:

By signing below, I understand that I am to volunteer 1 hour for every \$10 that Umpqua United Soccer Club has forgiven. I will fulfill my hours BEFORE the last week of the season. I understand that I am given 8 weeks to fulfill these hours. I also understand that, if I do not fulfill my hours, the amount that Umpqua United Soccer Club has forgiven me will be added back onto my account and my account will be frozen until the account balance is paid in full preventing me from registering for future seasons.

Signature _____ Date _____