

Ross Valley Breakers FC Application for Scholarship and Financial Aid

To our Scholarship and Financial Aid Applicants:

Enclosed please find the information and forms you need to be considered for financial assistance with the Ross Valley Breakers FC (RVBFC) Soccer Programs. We fundraise each season to assist families in the Ross Valley community who would not otherwise be able to afford the Club's Programs. We assist families with short-term financial needs such as an unexpected loss of employment or a temporary medical condition that creates financial hardship.

Financial assistance is provided in the form of required fee subsidies. The amount of the subsidy is determined by the RVBFC Scholarship Committee, which includes members of the RVBFC Management Team. *All information furnished to the Scholarship Committee is held and reviewed in strictest confidence. We destroy the Scholarship and Financial Aid Application and all the supporting documents 1 year after they are reviewed.*

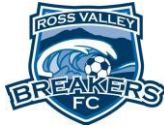
Applicants are required to submit a completed financial aid request form, including a Personal Financial Statement that demonstrates short-term financial need prior to the stated deadline. Incomplete applications will be returned and will not be evaluated.

A complete application will include:

- A complete and signed Financial Aid Application
- A complete and signed Personal Financial Statement (one per household or per parent, depending upon custody arrangements)
- A complete and signed Budget Worksheet (one per household or per parent)
- A recent pay stub for both parents
- A copy of last year's 1040 tax return (one per household or per parent)
- If self-employed, the Schedule C of the most recent filed 1040 Form. (Schedule 1120 if your company is Incorporated, Form K-1 if you are a shareholder or partner).

A financial aid award, once granted, will be renewed in subsequent seasons only with an updated application and required documents (Personal Financial Statement and Budget Worksheet, etc). **You must re-apply for assistance each season.** In addition, if, after a subsidy has been granted, the Scholarship Committee receives information that the family's situation has changed, an updated application may be requested for re-evaluation.

The Scholarship Committee allocates available funds based on relative financial need of each applicant, without regard to race, religion, cultural affiliation, or any other consideration made unlawful by federal, state, or local laws.



FINANCIAL AID APPLICATION FORM

Player's Name:	
Additional Child(ren) in Household:	
Parent-1 Name:	
Parent-1 Address:	
Parent-1 Home Phone:	
Parent-1 E-mail:	
Parent-2 Name:	
Parent-2 Address:	
Parent-2 Home Phone	
Parent-2 E-mail:	
Parent-1 Employer/Job Title:	
Parent-2 Employer/Job Title:	

Financial Aid Requested:	
Estimated Total Program Cost	\$ _____
Amount you can Pay	\$ _____
Amount of Aid Requested	\$ _____

1. **Reason for request.** Please explain what has changed in your financial life and indicate if it is a permanent or temporary change. Attach additional information if necessary.

2. Are you or any children in your home enrolled in an private/independent school or involved in classes, lessons, activities, fitness clubs, etc. which require payment?

Yes _____ No _____

If YES, please indicate the nature of the expense and the annual costs of each.

Name of Participant	Activity	Annual Cost

3. Do you anticipate major expenditures in the near future? Yes _____ No _____

If YES, please explain.

4. Are you a single parent (or divorced parent with sole custody)? Yes _____ No _____

5. Are both parents working outside of the home? Yes _____ No _____

If NO, what was the last occupation of the stay-at-home parent? (In considering scholarship applications, we take into consideration what a non-working parent would be able to earn if they were employed).

6. Please attach any other information you believe will help the RVBFC Scholarship Committee evaluate your request for assistance.

The undersigned certifies that this information was provided by him/her and is true and correct. If there is a change in the financial situation of the undersigned and a subsidy is no longer required, the undersigned will advise the Ross Valley Breakers FC as soon as possible.

Parent 1 Signature: _____ **Date:** _____

Print Name: _____

Parent 2 Signature: _____ **Date:** _____

Print Name: _____

PERSONAL FINANCIAL STATEMENT

This form must be completed and accompany a Financial Aid Application

Parent 1 Name: _____

Parent 2 Name: _____

Player Name: _____

Date Completed: _____ New _____ Updated _____
(check one)

Please estimate your family's assets and liabilities. For parents who are separated or divorced, we consider financial information for both parents.

	Household or Parent 1	Parent 2
ASSETS		
Cash on hand in banks	\$	\$
Value of Business owned	\$	\$
Stocks and bonds	\$	\$
Value of real estate owned	\$	\$
Value of Automobiles (include year and make in spaces below)	\$	\$
	\$	\$
	\$	\$
Other Assets	\$	\$
	\$	\$
	\$	\$
Total Assets:	\$	\$
LIABILITIES		
Mortgage on principal residence (current loan balance)	\$	\$
Other Mortgages (current loan balance)	\$	\$
Automobile Loans/Financing (current loan balance)	\$	\$
Other Loans/Notes Payable	\$	\$

Other Liabilities (itemize)	\$	\$
	\$	\$
	\$	\$
Total Liabilities:	\$	\$
SOURCES OF INCOME (annual)		
Salary	\$	\$
Dividends & Interest	\$	\$
Bonus & Commissions	\$	\$
Real Estate Income	\$	\$
Other Income (Itemize)	\$	\$
	\$	\$
	\$	\$
Total Annual Income:	\$	\$

The undersigned certifies that this information was provided to him/her and is true and correct. If there is a change in the financial situation of the undersigned and a subsidy is no longer required, the undersigned will advise RVBFC as soon as possible.

Parent 1 Signature

Parent 2 Signature

BUDGET WORKSHEET

This form must be completed and accompany a Financial Aid Application

Parent 1 Name: _____

Parent 2 Name: _____

Player Name: _____

Date Completed: _____ New _____ Updated _____

(check one)

Please estimate your family's regular income and expense **by month**. If needed, use annual figures divided by 12 months.

For parents who are separated or divorced, we consider financial information for both parents.

Income by <u>Month</u>		
	<i>Household or Parent 1</i>	<i>Parent 2</i>
Salary/Wages*		
Dividends/Interest		
Rent Income		
Child Support		
Disability Income		
Unemployment		
Social Security		
Other		

Expenses by <u>Month</u>		
	<i>Household or Parent 1</i>	<i>Parent 2</i>
Rent or Mortgage (monthly pmt)		
Property Taxes (annual taxes/12)		
Property Insurance		
Home Repair/Maintenance		
Food		
Household Expenses		
Clothing/Incidentals		
Utilities		
Telephone		

Auto Expenses		
Insurance		
Loan Payments		
Credit Card Payments		
Medical/Dental Expenses		
Medical/Dental Insurance		
Life Insurance		
Child Care		
School		
Other		
Total Monthly Expenses		
Net Monthly Income		

Total Monthly Income		
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Thank you!

After completing your application, please mail it along with all supporting documents to:

Ross Valley Breakers FC
 Scholarship Committee
 PO Box 741
 San Anselmo, CA 94979

You may also submit your Financial Aid Application package electronically via the document upload link in the club's our Documents page (<https://rossvalleybreakers.com/documents/>).

Once the RVBFC Scholarship Committee has communicated its decision to you, you will be expected to remit to the club the portion of fees for which you have not received financial assistance.

If you have questions, please contact:

Eileen Burke (eileenburke@mindspring.com; 415-307-9921)
 Thad Logan (tlogan@retailwestinc.com; 415-652-0203)

**DO NOT WRITE IN THIS SPACE
FOR RVBFC Scholarship Committee Use**

Request Approved _____

Request Denied _____

Amount Requested \$ _____

Amount Approved \$ _____

Required Family Contribution \$ _____

Applicant Name (head of household) _____

_____ **Address:** _____

_____ **City:**

_____ **Zip:** _____

Phone: _____ **e-mail:** _____

RVBFC Scholarship Committee Rep.

Date