



FC Sarasota Financial Aid Form / Policy

Policy and Purpose: FC Sarasota recognizes the importance of inclusivity to all players, regardless of socio-economic conditions. Please follow the directions below for filling out this form and return to Mary Mixon at mmixon@fcsarasota.com

Directions: Please complete one form per player. All information submitted is held in confidence.

Documents required for submission:

- Completed Application
- Narrative letter to support this form explaining your circumstances.
- Copy of the previous year's US Federal Tax Return (Form 1040) – First page only and please black out any Social Security Numbers

Player Name: _____

Home Phone: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Mother/Guardian: _____ Home phone / Mobile: _____

Email: _____ Occupation: _____

Father Guardian: _____ Home phone / Mobile: _____

Email: _____ Occupation: _____

Number of other children and ages:

How long have you been involved with FC Sarasota? _____

I am applying for:

Financial Aid Assistance _____

Extended Period Plan (beyond the 5 payment plan option) _____

Financial Aid Assistance & Extended Period Plan _____

Please tell us why an Extended Period Plan will not work for you to make full payment of club registration fees.

The **Financial Aid** program **requires** the recipient/parents/guardians to complete volunteer hours. The number of hours can vary anywhere from 10 to 40 hours based on the amount awarded. The Financial aid volunteer hours **MUST** be completed during the season year in which the scholarship was awarded. The Sarasota Cup is a tournament we host in April 2027 over two weekends and is our biggest fundraiser at the club. Following Sarasota Cup if you have not completed your hours of volunteering, you will be placed in bad standing with the club for the full amount as well as placed in bad standing with FYSA (bad standing with FYSA prohibits a player for registering with any FYSA club).

These hours can be completed by yourself, the player or anyone on your behalf. There are many opportunities to fulfill the volunteer service. Please circle how you would like to fulfill your volunteer hours:

- TOPs Program – Buddies
- Help with Recreational Program (uniforms, etc.)
- Marketing (putting out signs, etc.)
- Picture Day Assistance
- Sarasota Cup (April 2027) – Assist with various tasks either prior or during the weekend.

By signing this application, I confirm that all the information given is correct and true to the best of my knowledge. I agree that by signing this application, I will be responsible and adhere to fulfilling all required volunteer hours. I understand that if I do not fulfill the volunteer hours, the scholarship will be rescinded, and I will owe the full registration amount.

Signature: _____

Print Name: _____

Date: _____

OFFICIAL USE ONLY

Approved _____ Denied _____

% Request Granted _____

Balance Owed: _____

Date: _____