



## Application for Financial Assistance

Player's Name		Parent/Guardian Name	
Address			
Home Phone		Cell Phone	
Email address			
Head Coach		Team Name/Age	

Is your household income less than \$30,000  Yes  No

What type of assistance are you applying for?

- Payment plan
  - 2 payments (\$90 each, 1<sup>st</sup> due at registration, 2<sup>nd</sup> due July 1)
  - 3 payments (\$60 each, 1<sup>st</sup> due at registration, 2<sup>nd</sup> June 1, last July 1)
  - 4 payments (\$45 each, 1<sup>st</sup> due at registration, 2<sup>nd</sup> June 1, 2<sup>nd</sup> July 1, last August 1)
- Full Scholarship
- Partial Scholarship

If you are applying for a full scholarship, Butte United requires 13 hours of volunteer services (10 hours over normal participation.) The number of hours will be reduced for partial scholarships. Please indicate which area you are interested in volunteering:

- Game-day setup and take down
- Fund Raising
- Tournaments
- 8-A-Side
- Field Clean Up
- Other \_\_\_\_\_

Does your child commit to participating in the Butte United Soccer Club for the entire season?  Yes  No



Why are you applying for financial assistance?
Why do you want your child to play soccer?
Why is this important to you?

It is Butte United’s policy to encourage all qualified players the opportunity to play competitive soccer and to not deprive children the opportunity due to financial hardship.

I understand the number and amount of available scholarships is limited and this application will be reviewed by a scholarship committee for consideration and final approval.

All statements in the application are true and correct to the best of my knowledge.

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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Please mail the completed form to:  
Butte United Soccer Club  
1354 East Avenue., Suite R #189  
Chico, CA 95926