



## FINANCIAL ASSISTANCE POLICY

Alabama Soccer Association is pleased to offer a comprehensive need-based financial assistance program for ODP.

### Application Process & Procedures

Financial Assistance is available once a player is selected to a state pool, therefore, all players must pay the initial registration fee. After this, families may apply for financial assistance.

Financial Assistance applications will only be accepted once per seasonal year. Financial Assistance will be determined from the required documentation.

In the event of a full denial for financial assistance the registration fees are due as scheduled. The granting or denial of scholarship will be communicated directly to the applicant.

The application should be complete and submitted in its entirety. NO application will be reviewed or accepted without ALL documentation required.

Please submit the following required documentation:

1. Completed Application, pages 1 & 2 (see following 2 pages)
2. All appropriate documentation to include: 1) copy of previous year's tax return & 2) current paystub
3. Please include any circumstances that would affect your need for financial assistance.

In the event a player registers at a later stage of the season the application will still be reviewed. However, the application will be subject to the availability of funds.



# Alabama Soccer Association

## Olympic Development Program Financial Assistance Application

This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the Financial Assistance Committee members.

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Email Address for Communication \_\_\_\_\_

Other Monthly Income \_\_\_\_\_

How many people are dependent upon this income? \_\_\_\_\_

Does this player have any siblings playing soccer? Yes or No If so, how many? \_\_\_\_\_

What club does the player participate with? \_\_\_\_\_

Does the club provide any scholarship or financial aid for this player? Yes or No If so, how much?

\_\_\_\_\_

COMMENTS OR OTHER IMPORTANT INFORMATION:

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(More info can be provided on back of form if needed)

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Would you be willing to help out at ODP events? Yes or No: \_\_\_\_\_

Return this application (pages 1 & 2) along with other documentation requested to the AYSA State Office.

Alabama Youth Soccer  
4678 Valleydale Road, Suite 200  
Birmingham, AL 35242  
205-991-9779(O) 205-991-3736(F)  
or email: kevin@alsoccer.org



**FOR ASA USE ONLY**

**Awarded:**

25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_ 100% \_\_\_\_\_

**Approved by:**

\_\_\_\_\_

State Technical Director

Date