

Boulder County Force Soccer Club Financial Assistance Policy

Financial Assistance Program Committee Overview:

- 1) The committee is made up of: Director of Operations, Board of Director member, volunteer CPA or the BCF Bookkeeper in the event there is no volunteer CPA available, Director of Coaching.
- 2) The committee meeting dates: The third week of July, Third week of February.
- 3) Committee manages the scholarship funds, reviews applications for assistance, and awards assistance, all within the Board of Director approved budget and guidelines.

Introduction: Each year the Boulder County Force provides youth of Colorado with reduced fees and uniform assistance through the Boulder County Force's Financial Assistance Program. In those instances where the cost of participation may prevent an individual from participating, the Boulder County Force will, based on available resources, offer financial assistance as specified by the following financial assistance policy:

Financial Assistance Policy: The Boulder County Force may provide need-based financial assistance to qualified applicants based on the following criteria:

- 1) That the applicants gross annual income is under \$50,000.00.
- 2) That the applicant qualifies for assistance based on income and size of family.
- 3) The approval for assistance will be for the Boulder County Force fiscal year in which the applicant applies for aid. The Boulder County Force fiscal year is August 1 through July 31.
- 4) Approved applicants agree to volunteer to assist with Club sponsored activities a minimum of 4 hours each fiscal year they receive assistance.
- 5) The applicant will be required to complete a new application form for each subsequent fiscal year they seek financial assistance.
- 6) The applicants must fill out completely and accurately the application form and provide documentation to verify income (acceptable documentation is listed below).
- 7) The total annual amount of financial assistance awarded from the Boulder County Force Financial Assistance Program will not exceed the budget amount as approved by the Boulder County Force Board of Directors.
- 8) There is no guarantee that an applicant will receive financial assistance
- 9) Applicant forms will only be considered when received before the respective Financial Assistance Deadlines (listed below). Applications received after deadline will not be considered.
- 10) Financial assistance for Boulder County Force camps and clinics is only available to registered Boulder County Force developmental or competitive players.
- 11) Financial assistance is available for Boulder County Force registration fees, camps, clinics, and uniforms. Financial assistance is not available for: meals,

travel, hotel, coaches per diem; team social events; team awards, coach's gifts.

12) All financial assistance decisions are final. There are no appeals.

Eligibility: Financial assistance is provided to applicants who meet eligibility requirements, which are established by the Boulder County Force Board of Directors and reviewed annually. Both family size and annual income are considered when determining eligibility and the amount of any assistance provided. All applicants will be required to submit documentation of income and family size in order to be considered.

Sliding Fee Scale: The amount of assistance applicants qualify for is determined by a sliding fee scale which is reviewed annually by the Boulder County Force Board of Directors and set to provide the maximum assistance to families where there is the greatest need. In extraordinary circumstances, the Financial Assistance Program Committee can make exceptions to the sliding scale.

Uniform Assistance: A limited Uniform Assistance program is available for the competitive soccer team uniform package. Each year, the Boulder County Force receives a donation of a limited number of donated uniforms for competitive U11-U18 players. Scholarship uniforms are available only to the applicants who demonstrate significant need and while supplies of the donated uniforms last.

The Boulder County Force provides a uniform recycle program for Developmental / Recreational program uniforms. Contact the Developmental Administrator for availability of used Developmental uniforms. (303) 443-8877.

Confidentiality: All information provided to the Boulder County Force in conjunction with an application for assistance is confidential. The BCF Bookkeeper will process Financial Assistance awards. All applications and supporting documents will be filed and later destroyed.

Procedure:

- 1) The financial assistance application must be filled out completely and accurately.
- 2) The applicant **MUST** provide documentation to verify income and family size. The following statements of income are acceptable in this order:
 - a. Copy of most recent tax return - IRS 1040 (if you filed taxes, this must be provided) and a copy of current pay stub or earnings report which includes year to date income
 - b. Copy of current pay stub or earnings report which includes year to date income and hours worked
 - c. Other documentation that is verifiable and deemed adequate in the sole discretion of Financial Assistance Program Committee
- 3) Boulder County Force player registration forms must be complete.

- 4) All requests must be submitted by the appropriate deadline date to: Director of Operations, Boulder County Force, 2769 Iris Ave Suite #115, Boulder, CO 80304
- 5) Your application will be reviewed and a determination will be made only after application is received as complete and all necessary documentation is provided.

Financial Assistance Application Deadline Dates:

PROGRAM	DEADLINE DATE	NOTIFICATION DATE
U11-U18 Competitive Girls	July 1	August 1
U11-U14 Competitive Boys	July 1	August 1
U15-U18 Competitive Boys & New Spring Registration	February 1	March 1
U5-U14 Developmental - Fall	July 1	August 1
U5-U14 Developmental - Spring	February 1	March 1

**Boulder County Force Soccer Club
Confidential Financial Assistance Application**

OFFICE USE ONLY:			
DATE RECEIVED:	_____		
APPLICATION	___ COMPLETE	___ INCOMPLETE	
APPLICANT	___ UNAPPROVED	___ APPROVED	
TERMS:	% REGISTRATION FEE	% CAMPS/CLINICS	UNIFORM

This form must be accompanied with documentation to verify income, family size and/or need. The following statements of income are acceptable in this order:

- 1) Copy of most recent tax return - IRS 1040 (if you filed taxes, this must be provided) and a copy of current pay stub or earning report which includes year to date income.
- 2) Copy of current pay stub or earning report which includes year to date income and hours worked
- 3) Other documentation that is verifiable and deemed adequate in the sole discretion of Financial Assistance Program Committee.

All information given on this application is confidential and will be used only for determining financial assistance. Any incorrect or omitted information will disqualify the applicant family for future financial assistance consideration.

An incomplete application will not be processed.

PLAYER INFORMATION:

NAME OF PLAYER: _____

PROGRAM (S) APPLYING FOR:

- | | |
|--|---|
| <input type="checkbox"/> U11-U14 Boys Competitive | <input type="checkbox"/> U9-U10 Developmental Academy |
| <input type="checkbox"/> U11-U14 Girls Competitive | <input type="checkbox"/> U5-U8 Developmental |
| <input type="checkbox"/> U15-U18 Boys Competitive | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> U15-U18 Girls Competitive | <input type="checkbox"/> Competitive Team Camp |
| <input type="checkbox"/> U11-U14 Developmental | <input type="checkbox"/> Winter Camp |
| | <input type="checkbox"/> Pre-tryout Camp |

PARENT/LEGAL-GUARDIAN (APPLICANT) CONTACT INFORMATION:

NAME: _____
RELATIONS: ____ FATHER ____ MOTHER ____ LEGAL GUARDIAN
HOME PHONE: _____
WORK PHONE: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____

VOLUNTEER SERVICE: Do you agree to volunteer a minimum of 4 hours of service to the Boulder County Force during the period you receive assistance? __ YES __ NO

What type of volunteer work would you like to do?

- ____ Office Support
- ____ Tournament Staff
- ____ Tryout Administration
- ____ Friday Night Developmental Set Up
- ____ BCF Fundraiser Staff
- ____ Developmental Coaching
- ____ Other Volunteer Project (explain what you would like to do): _____

LEGAL FAMILY MEMBERS LIVING IN APPLICANT'S HOME INCLUDING APPLICANT:

NAME: _____ AGE: _____
RELATION TO APPLICANT _____
NAME: _____ AGE: _____
RELATION TO APPLICANT _____
NAME: _____ AGE: _____
RELATION TO APPLICANT _____
NAME: _____ AGE: _____
RELATION TO APPLICANT _____
NAME: _____ AGE: _____
RELATION TO APPLICANT _____
NAME: _____ AGE: _____
RELATION TO APPLICANT _____
NAME: _____ AGE: _____
RELATION TO APPLICANT _____

EMPLOYMENT:

ARE YOU EMPLOYED? (If so, where)

PHONE: _____ NAME OF SUPERVISOR: _____

HOW MANY HOURS/WEEK? _____ HOW MANY MONTHS/YEAR? _____

INCOME:

WHICH FORM OF INCOME DOCUMENT ARE YOU PROVIDING?

- ____ Copy of most current tax statement IRS 1040 & current pay stub
- ____ Current pay stub that includes year to date income and hours worked
- ____ Other: (please describe) _____

WHAT IS YOUR HOUSEHOLD'S TOTAL ANNUAL GROSS INCOME? INCLUDING RETIREMENT, WORKERS COMP, UNEMPLOYMENT, COURT-ORDERED INCOME

\$ _____

ARE YOU: MARRIED ____ DIVORCED ____ SINGLE ____ SEPARATED

IF MARRIED, IS YOUR SPOUSE EMPLOYED? ____ YES ____ NO

WHAT IS HIS/HER YEARLY INCOME? \$ _____

IF DIVORCED, DO YOU RECEIVE CHILD SUPPORT? ____ YES ____ NO

HOW MUCH SUPPORT? \$ _____ / MONTH \$ _____ / YEAR

HOW MUCH MONEY DO YOU FEEL YOU CAN CONTRIBUTE TOWARDS THE PLAYER'S:

REGISTRATION FEE \$ _____

CAMP/CLINIC FEE \$ _____

FINANCIAL ASSISTANCE FOR ALL WILL BE BASED ON A SLIDING FEE SCALE UNLESS THERE ARE EXTRAORDINARY CIRCUMSTANCES. THE FINANCIAL ASSISTANCE COMMITTEE MAY REQUEST ADDITIONAL SUPPORTING DOCUMENTATION.

I HEREBY STATE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE BOULDER COUNTY FORCE MAY HOLD ME RESPONSIBLE FOR THE TOTAL COST OF THE FEES SHOULD THE INFORMATION BE INCORRECT OR INACCURATE. I ACKNOWLEDGE THAT I RECEIVED A COPY OF THE BOULDER COUNTY FORCE FINANCIAL ASSISTANCE POLICY.

SIGNATURE OF APPLICANT

DATE

MAIL THIS APPLICATION AND ALL DOCUMENTS TO:
HARDY KALISHER, DIRECTOR OF OPERATIONS
BOULDER COUNTY FORCE
2769 IRIS AVE #115
BOULDER, CO 80304