



2019 RECREATIONAL REGISTRATION FINANCIAL AID APPLICATION

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CVSC offers a limited amount of registration financial aid to players in need. The financial aid helps reduce a player's registration fee.

To be considered for financial aid, a player's parent/legal guardian must complete this application. Turn in application and tax forms to Castro Valley Soccer club before **May 8, 2019**. Mail or drop off in locked mail box at 3585 Castro Valley Blvd, Castro Valley, CA 94546 along with:

- 1) Copy of the parent(s)/guardian(s) **2018** income tax returns and **2018** W-2 wage statement
- 2) Completed financial aid application along with signed "Acknowledgement of Responsibilities" form

The application will be reviewed and you will be notified of a decision as soon as possible. If approved you will be contacted with instructions on how to register on line before **May 30, 2018** (last day to register). Applicants will be required to pay on line balance of registration fees \$120. The financial aid does not provide a uniform, shoes, shin guards or soccer ball.

PLEASE NOTE: Volunteer hours are a requirement of financial aid recipients. A total of **9 hours per full financial aid award of \$180 is required (\$120 financial aid for registration fees and \$60 for waiver of volunteer fees)**. These hours are to be completed by the end of the season and must be club volunteer hours, not team. It is the responsibility of the applicant to complete these hours, *no reminders will be given*.

PLAYER'S NAME: _____ **BIRTHDATE:** _____
(one application per player in family must be submitted)

FATHER'S NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMPLOYER: _____

WORK PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

MOTHER'S NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMPLOYER: _____

WORK PHONE: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

LIST ALL CHILDREN IN YOUR FAMILY INCLUDING THOSE NOT APPLYING:

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

NAME: _____ **AGE:** _____ **SCHOOL:** _____ **PLAYER:** YES NO

HOW MANY YEARS HAS YOUR FAMILY BEEN A MEMBER OF CVSC? _____

PLEASE STATE YOUR REASON(S) FOR REQUESTING FINANCIAL AID. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET:

LIST ALL ADDITIONAL INCOME YOU OR ANYONE IN YOUR FAMILY RECEIVES THAT IS NOT LISTED ON YOUR INCOME TAX FORMS (CHILD SUPPORT, CHILDCARE SERVICES, ETC):

I AGREE THAT THE INFORMATION I HAVE SUBMITTED ABOVE IS ACCURATE AND ACCEPT THE FINANCIAL AID REQUIREMENTS SET FORTH BY CASTRO VALLEY SOCCER CLUB

PARENT/GUARDIAN SIGNATURE

DATE



RECREATIONAL FINANCIAL AID ACKNOWLEDGEMENT OF RESPONSIBILITIES

1 volunteer hour for every \$20.00 of financial aid awarded per player must be completed for those granted financial aid (example: **\$180.00 in financial aid will require 9 volunteer hours**). Hours are to be completed within the current soccer season by an adult family member (18 or over). With the exception of head coach positions, hours that qualify towards financial aid are those that benefit the Club as a whole, not an individual team. Opportunities such as field maintenance/set up and field marshaling all qualify. Volunteering at special events such as Opening Night and CVSC tournaments are also available at various times throughout the season. Please remember that completion of these hours with signature of supervisor (page 3 of this application) is the responsibility of the applicant and no reminders will be given. Please contact any of the below Board members for volunteer opportunities:

Jen Benson (Volunteer Coordinator): volunteers@castrovalleysoccer.com
Lourdes Navarrete (Events): events@castrovalleysoccer.com
Mark Yin (Fields): fields@castrovalleysoccer.com

I agree to the rules set forth by CVSC regarding financial aid award requirements. I understand that failure to do so will result in denial of future financial aid and may result in payment in full for this financial aid award prior to registering for future seasons.

Signature of parent/guardian

Date

OFFICE COPY



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Signature of parent/guardian

Date

PARENT/GUARDIAN COPY



VOLUNTEER HOURS LOG SHEET

When required hours have been completed, please return this form to:
Castro Valley Soccer Club
3585 Castro Valley Blvd
Castro Valley, CA 94546
Attn: Volunteer Coordinator

NAME OF VOLUNTEER: _____ **PHONE:** _____

PLAYER(S) NAME: _____

DATE: _____ # OF HOURS WORKED: _____

ACTIVITY: _____ LOCATION: _____

NAME OF SUPERVISOR: _____
PLEASE PRINT

SUPERVISOR SIGNATURE: _____

DATE: _____ # OF HOURS WORKED: _____

ACTIVITY: _____ LOCATION: _____

NAME OF SUPERVISOR: _____
PLEASE PRINT

SUPERVISOR SIGNATURE: _____

DATE: _____ # OF HOURS WORKED: _____

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