

Aloha United Competitive Soccer Club Financial Aid Policy

- Financial Aid is a privilege, especially when limited funds are available to support players financially. Therefore, the Aloha expects each recipient and their parents to view the Financial Aid Assistance policy seriously and demonstrate commitment to their team and Club.
- Financial aid application must be received by Aloha within 30 business days of your child's acceptance on a team to be considered for financial assistance.
- Approval of financial aid is not a guarantee of assistance for future seasons.
 - o Please note: YDP must apply in both Fall and Spring seasons.
- 90% attendance at practices and games is expected as part of the financial aid commitment.
- The player and/or family commits to ten hours of Club and/or community service each year.
- Financial assistance covers registration fees only and does not include uniforms, tournament fees, travel expenses, or any other team related expenses.
- If a player on financial aid assistance decides to leaves Aloha United Competitive Soccer Club before the program year end, the player's parents/guardians may be required to pay the standard club program fee for the entire year. This will be determined by the AUCSC Board.
- If your child is injured and cannot play (Doctor's note required) or you move more than 100 miles from the Portland area (proof required), or have significant life event (after approval by the board) you will only be required to pay your original scholarship amount in order to release your player card.
- Additional information and special circumstance may also be used to review and approve a player's need for financial assistance.

Aloha does not discriminate on the basis of race, color, religion, national origin, sex, age or disability.

Any financial aid offered is at the sole discretion of Aloha United Competitive Soccer Club.

OFFICIAL USE ONLY
Approved Denied Date
Amount per year:
Proof of income doc:
Processed by:
Primary ID #



Date of Application	Player Name	
Player Address		
Parent/Guardian(s) Name (s):		Email
Parent/Guardian Address (if differe	nt from player)	
Family Size: Adults Ch	ildren (18 & Under, or	21 if a full-time student)
Does your family qualify for free/re	duced meals at school	? Yes or No
Annual Household Income (Require	ed)	
Scholarship Amount Requested:		
25% fee reduction: 56	0% fee reduction:	75% fee reduction:
Please include the following docum • Complete financial aid form	•	eed:
Proof of subsidized lunch p	•	applicable)
• \$100 fee which will cover y	our first payment	
What circumstances are prompting	you to request financi	ial assistance:
I, the undersigned, hereby state all understand the Aloha United Comp		ion to be true and correct and I have read and ancial Aid Policy.
Signature of Parent/Guardian		Date