

# **Shenandoah Valley United Financial Assistance Program**

## **Purpose**

The purpose of the Financial Assistance Program is to offer financial support to those participating families with the greatest need. Assistance is provided to qualifying applicants with differing levels of support depending on family income levels and demonstrated need. Shenandoah Valley United welcomes all participants and hopes to remove barriers to participation whenever possible. It is the club's wish to provide assistance so that qualified young players from all income levels may participate. Assistance is granted based on demonstrated need and the club's ability to fund the subsidy.

## **General Information**

Financial assistance is applied to registration fees only. Financial assistance does not apply to uniform or other soccer equipment expenses, tournament related expenses, travel expenses, or other expenses related to participation.

Need is determined based upon participation in government public assistance programs (SNAP or TANF Benefits), or by documenting income within established limits. The qualifying limits used are those currently in place for the federally supported free and reduced meals programs in the public schools.

Financial assistance requests are considered for the full year of participation and total registration fees for that period.

## **Procedures**

All applications for assistance must be made by completing a current Request for Financial Assistance form.

All requests will be reviewed by the administrative staff with determination made as soon as possible. Please allow a minimum period of five business days for this review process.

Upon determination, applicants will have the option to:

- 1) Accept the offered financial assistance and pay for any remaining balance due.
- 2) Accept the offered financial assistance and pay the first installment of an agreed upon installment payment plan.
- 3) Decline the assistance and decline to participate.
- 4) Appeal for additional funding within five business days of original determination.

An appeal for additional funding does not guarantee nor imply additional funds will be provided. Additional funds are extremely limited. Each appeal must include all original documentation, a written narrative describing the need for additional funds, and any other documents that may support the request for additional funds.

The appeal will be reviewed by a committee of the Board of Directors. A determination and notice will be provided to the applicant as soon as possible. The applicant has an additional five business days to act upon the Committee's determination by either completing registration or declining to participate.

No player registration is considered complete until the applicant's share of the fee is paid, or full assistance is granted.

## **Documents Required**

All applications must be accompanied by documentation of family income levels, this includes:

- Copy of current letter of participation in federally assisted nutrition programs (SNAP or TANF).
- Most recent Form 1040, Federal Income Tax Return.
- Four (4) most recent pay stubs from all household income earners.
- Copies of any additional legal documents supporting the request for assistance.

**All financial assistance request materials submitted are strictly confidential.**

# Shenandoah Valley United - Request for Financial Assistance: 2025-2026

## 1. Family Information

Player 1 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last mm dd yyyy  
Player 2 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last mm dd yyyy  
Player 3 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last mm dd yyyy  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2. Program for Which Financial Assistance is Being Requested (Financial Assistance is only applied to program registration fees):

Program, Age Group & Gender: \_\_\_\_\_

Other Programs: \_\_\_\_\_

Assistance Requested (check one): \_\_\_\_\_ Specific amount \$ \_\_\_\_\_ Maximum Available

## 3. Parent/Guardian Information

Guardian #1 Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
Guardian #2 Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

## 4. Household Size (number of all persons living at the player's home): \_\_\_\_\_

## 5. Household Income Information

Guardian #1 Total Annual Income: \$ \_\_\_\_\_  
Guardian #2 Total Annual Income: \$ \_\_\_\_\_  
Other Income Earners' Total Annual Income: \$ \_\_\_\_\_  
Annual Child Support: \$ \_\_\_\_\_  
Annual Alimony: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_  
**Total Household Annual Income** \$ \_\_\_\_\_

## Does the Player's Household Receive Federal Subsidized Nutrition Program Benefits (SNAP/TANF): \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", a copy of your current enrollment in the program must be provided.

If "No", provide a copy of the following documents with your Request for Financial Assistance:

1. Most recent Form 1040: Federal Income Tax Return.
2. Four (4) most recent pay stubs from all household income earners.
3. Copies of any additional legal documents supporting your request.

## 7. I certify that all information and materials provided in this request for financial assistance are true to the best of my knowledge.