



# South Carolina Surf Soccer Club

## Application for Financial Assistance for the 2024-25 Season

SC Surf believes all children should have the opportunity to play soccer, even those who have genuine challenges meeting the financial commitments of playing for SC Surf. A parent/applicant must complete this form and attach a copy of the required 2023 Federal 1040 Tax Form along with the two pay stubs for wages received within the last 60 days. **All applicants must submit full financial data.** The Scholarship Committee will review your request. Aid, either in the form of scholarships or alternate payment plans, will be awarded based on need and the Club's ability to fund the Financial Aid program. **Any Application that does not include the required forms and pay stubs will not be considered for Financial Assistance. Both pages of the Financial Assistance application must be submitted.**

**Applications must be submitted prior to July 1, 2024. Applicants who miss the deadline must contact [julie.barnard@southcarolinassurf.com](mailto:julie.barnard@southcarolinassurf.com).** Acceptance of late applications will be based on availability of funds.

Mail the Application form and tax/payroll documents in an envelope marked "Confidential" to:  
SC Surf, P.O. Box 946, Mt. Pleasant, SC 29465, or send by email to [julie.barnard@southcarolinassurf.com](mailto:julie.barnard@southcarolinassurf.com).

-----Household-----

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email (please print legibly) \_\_\_\_\_

**1<sup>st</sup> Player's Name** as it appears on Birth Certificate \_\_\_\_\_

Age Group/Team \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M  or F   
Player lives with: Father  Mother  Both  Other Guardian  Name of Other \_\_\_\_\_

**2<sup>nd</sup> Player's Name** as it appears on Birth Certificate \_\_\_\_\_

Age Group/Team \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M  or F   
Player lives with: Father  Mother  Both  Other Guardian  Name of Other \_\_\_\_\_

**3<sup>rd</sup> Player's Name** as it appears on Birth Certificate \_\_\_\_\_

Age Group/Team \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M  or F   
Player lives with: Father  Mother  Both  Other Guardian  Name of Other \_\_\_\_\_

**Household size** (people living at player's home) \_\_\_\_\_ Number of family members playing for SC Surf \_\_\_\_\_

List other persons living at this address:

First/Last Name \_\_\_\_\_  
First/Last Name \_\_\_\_\_  
First/Last Name \_\_\_\_\_

**Are you currently employed?** Yes  No

Employer's Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Length of time with Company \_\_\_\_\_

**Is your spouse/significant other employed?** Yes  No

Employer's Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Length of time with Company \_\_\_\_\_

**--Parent/Applicant Financial Data--**

**Do you have any additional income not listed on the required 2023 Federal 1040 Tax form?**

No  Yes  If yes, please list Type and Amount \_\_\_\_\_

**Are you currently receiving Federal or State Aid?** No  Yes

Please list (i.e., Food Stamps, Medical Aid, etc.) \_\_\_\_\_

**If the child/player is not listed as a dependent on the required 2023 Federal 1040 Tax Form, please explain why** \_\_\_\_\_

**Please explain why the parent/applicant should be considered for Financial Assistance and explain any special circumstances to be considered:** \_\_\_\_\_

**Have you received Financial Assistance from SC Surf?** No  Yes

If yes, please list each season received \_\_\_\_\_

<b>Family Annual Income</b>	<b>Actual 2023</b>	<b>Estimated 2024</b>
Father's Salary		
Mother's Salary		
Child Support		
Social Security (Parent or Child)		
Alimony		
Other Income		
Total Adjusted Gross Income from Tax Return:		

**PLEASE ATTACH THE FOLLOWING DOCUMENTATION:**

- Complete copies of 2023 Federal Income Tax returns along with W-2s and 1099s for all employed family members in support of "Actual 2023" column above. If an extension was filed, a copy of the IRS extension form must be submitted with W-2s and 1099s.
- Copies of most recent 2023 payroll stubs for all employed family members, which reflect year-to-date earnings and support "Estimated 2023" column above.

I certify that all materials supplied, and statements made in connection with the submission of this application are true to the best of my knowledge. The parent/applicant fully understands that should their employment or financial situation change that SC Surf must be notified of such change. Players receiving assistance are expected to participate in training and games. Lack of participation may impact future financial assistance. **Parents of players receiving financial assistance are required to volunteer at SC Surf tournaments and other club functions. Parents with a history of delinquent payments may be required to make an initial payment before scholarship funds are awarded.** The parent/applicant also agrees that if partial or no assistance is granted, the parent/applicant will pay the Club Fees and Team Fees per payment plan and by set due dates.

My signature below indicates that I understand the following: Information obtained in this Application for Financial Assistance will be used only in determining eligible candidates for Financial Assistance and will not be released. **If all required information is not submitted with this application, your child/player may not be considered for Financial Assistance for the 2024-2025 season.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date