



Dear Parent/Guardian,

The Virginia Legacy Soccer Club is a non-profit organization that strives to provide a quality soccer program to any youth who wishes to play. We are pleased to be able to offer both full and partial financial assistance for the player fees, however any financial assistance granted will not include costs associated with uniforms or travel expenses.

I have enclosed information on our Financial Assistance Program, which is designed to fit each family's financial situation. Please understand our scholarship funds are limited. No applicant can be guaranteed to receive scholarship funds. Any award of scholarship funds will be based upon your application and the availability of funds.

To apply for financial assistance, you will need to do the following:

1. Complete the enclosed application with current and accurate information.
2. Enclose one of the following personal financial documents that reflects your current income:
 - A copy of last year's signed tax return AND your last two pay stubs
 - OR a copy of most current social security or disability check stub AND tax return
 - OR a copy of most current unemployment pay stub AND tax return
 - OR current information that indicates that your children qualify for federally funded lunch programs at school.
3. Secure all information with this application (including Letter of Intent and Volunteer Form) and return it the Virginia Legacy Soccer Club office at 109 Bulifants Blvd, Suite A, Williamsburg, VA 23188.

Applications will not be considered unless all requested documentation is submitted.

Please feel comfortable that all financial information received by this office is held in strictest confidence.

Feel free to call me at the VLSC office should you have any questions (Hours are always posted on the website). Please allow ten (10-14) business days for your application to be processed. After this period, you will be contacted as to the status of your application, to set up an appointment, or to gather additional information.

Sincerely,

Tracy Trueblood
Club Administrator

This form (and a completed Financial Assistance Application Form) must be returned to the Virginia Legacy Soccer Club, Attn: Financial Assistance, 109 Bulifants Blvd, Suite A, Williamsburg, VA, 23188 to be eligible for Financial Assistance. You can email this completed form to Tracy Trueblood at admin@valegacysoccer.com



Virginia Legacy Soccer Club Financial Assistance Application-

Please print all information clearly. Attach additional sheets as necessary.

Part 1:

Player's Name: _____ Team: _____
 Parent's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone : (____) _____ Evening Phone : _____
 Employer: _____ Work Phone: _____
 Email: _____
 School player attends: _____

List full names and ages of all dependents in the household (**also note if siblings are also playing in club**)

Full Name	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part 2: (Must be completed by both parents, if applicable)

Declaration of Income:

Please include all steady forms of income you/your household receive(s) including current job, unemployment, retirement, social security, disability, child support and alimony.

	Father/Stepfather	Mother/Stepmother
Employer	_____	_____
Monthly Salary	_____	_____
Unemployment	_____	_____
Retirement	_____	_____
Social Security	_____	_____
Disability	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Other (_____)	_____	_____
Other (_____)	_____	_____
Total MONTHLY Income	_____	_____

This form (and a completed Financial Assistance Application Form) must be returned to the Virginia Legacy Soccer Club, Attn: Financial Assistance, 109 Bulifants Blvd, Suite A, Williamsburg, VA, 23188 to be eligible for Financial Assistance. You can email this completed form to Tracy Trueblood at admin@valegacysoccer.com



Part 3:

We are applying for Financial Assistance for:

ADP (Spring , Fall or Winter Seasons)
 Travel soccer season

Fee Amount : _____
Fee Amount : _____

What dollar amount do you feel you can afford to pay? _____

Did you receive financial assistance last year? *Circle one* (YES OR NO)

If YES, please list your participation in volunteer opportunities. (Include events/description and # of hours.)

******PLEASE NOTE THAT OUR SCHOLARSHIP FUNDS ARE LIMITED. NO APPLICANT CAN BE GUARANTEED TO RECEIVE SCHOLARSHIP FUNDS. ANY AWARD OF SCHOLARSHIP FUNDS WILL BE BASED UPON YOUR APPLICATION AND AVAILABILITY OF FUNDS.**

Part 4

Everyone providing information on this form must sign below.

I/We understand that we must provide up to 20 hours of club service in return for receiving this award. If our child receives a partial scholarship we understand that the hours of club service will be prorated accordingly.

Father's (Stepfather's) Signature: _____

Date: _____

Mother's (Stepmother's) Signature: _____

Date: _____

This form must be returned to the VLSC office. Please mark envelope "PERSONAL & CONFIDENTIAL". You can also email this to Tracy Trueblood at admin@valegacysoccer.com

**To: Virginia Legacy Soccer Club
C/O Financial Assistance Committee
109 Bulifants Blvd, Suite A
Williamsburg, VA, 23188**

All submitted information will be reviewed by the Financial Assistance Committee and will be held in the strictest confidence.

For Internal Use Only: Date Received: _____ All documents received: _____
Date Reviewed: _____ Approved: _____ Denied: _____ Amount Approved: _____
Notification Sent: _____

This form (and a completed Financial Assistance Application Form) must be returned to the Virginia Legacy Soccer Club, Attn: Financial Assistance, 109 Bulifants Blvd, Suite A, Williamsburg, VA, 23188 to be eligible for Financial Assistance. You can email this completed form to Tracy Trueblood at admin@valegacysoccer.com



Virginia Legacy Soccer Club Letter of Intent for the 2017/18 season

I, _____ the parent/guardian of _____ am filing this letter in conjunction with my financial assistance package. I understand that the execution of this letter confirms my/our intent to participate in the Virginia Legacy Soccer Club for the _____ (List Fall Year and Spring Year) soccer year.

I understand that by executing this letter of intent, I must abide by the following:

- My child will not participate in the tryout process for any other club located within a 60-mile radius, including Virginia Beach and Richmond during the above season.
- My child will not accept any offer to transfer to another soccer club located within 60-mile radius, including Virginia Beach and Richmond during the above season.
- Agree to sign up for automatic payments (withdrawal of funds) of remaining balances using electronic funds transfer or monthly credit card authorization.

If I/we fail to abide by the above stipulations, it is my/our understanding that I/we will forfeit the right to any financial assistance in the future with the Virginia Legacy Soccer Club or any of its affiliated programs. All deposits and payments will be paid immediately upon invoicing.

Please sign below in the presence of a Notary Public (raised seal required)

(Please note that Virginia Legacy Soccer Club's Club Administrator is a Notary Public)

DATE

SIGNATURE

Commonwealth of Virginia

Certificate of Acknowledgment. The following was acknowledged before me in the City/County of _____ Virginia on the ____ day of _____, 20__.
My commission expires _____.



Notary Public

VOLUNTEER OPPORTUNITIES

Please check any and all that you would be interested in:

In-Office VLSC (Administrative)

_____ Volunteering hours to work at the VLSC office. Duties may include assisting with June registration, data entry, uniform ordering & fulfillment and team administration.

- Summer office help
 - Prepare rosters and passes (Summer months of July - Aug)
 - Cut and paste pictures, proofread signatures, match passes with Proof of Birth, attach and put with roster (summer months July - Aug)
 - Copies
 - Laminate passes, copy rosters (summer months Aug - Sept)

Community Outreach Programs

_____ Volunteering hours to work at the VLSC office and various sites. Duties would include sorting and filing registration forms, packaging uniforms, forming team rosters and distributing advertising literature to various locations. There will also be opportunities to volunteer as a mentor for children through our recreational programs (ADP) or our Community Partnership programs. Contact Tracy Trueblood or Bobby O'Brien

Tournaments

_____ Volunteering hours to work at any of the tournaments run by VLSC.

- Tournament registration (evening before tournament)
- Concessions hours available (tournament weekend);
- Hospitality/site tent or field marshals assistance (tournament weekend);
- Registration packets (week of tournament);
- Help make game day cards (week of tournament);
- Set up Fields and/or tents, lining (week of tournament);

Club Sponsored Events

_____ Volunteering hours to work (registration, set-up and take down) at events run by VLSC.

- Concessions duties at Club Events
- NPSL Legacy 76 /WPSL Legacy W76 Home matches – duties vary

This form (and a completed Financial Assistance Application Form) must be returned to the Virginia Legacy Soccer Club, Attn: Financial Assistance, 109 Bulifants Blvd, Suite A, Williamsburg, VA, 23188 to be eligible for Financial Assistance. You can email this completed form to Tracy Trueblood at admin@valegacysoccer.com