



Date Received \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Notification \_\_\_\_\_

## DAKOTA GOLD FINANCIAL ASSISTANCE REQUEST FORM

This is an application form for financial aid toward memberships or programs. While we are a not-for-profit organization, we depend on membership fees, club fundraising and sponsorships to help maintain our services. We are committed to serve people and expect participants to pay a fee based on their financial ability. Based on the available financial resources, Dakota Gold membership/program scholarships will be awarded to applicants. Please complete the information and return to Dakota Gold Soccer office. The Dakota Gold Executive Committee will review your application and you will be called when your application is approved and the amount of your scholarship is determined. Please allow two weeks.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Employer/School \_\_\_\_\_ Title/Position \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Title/Position \_\_\_\_\_

Family Size \_\_\_\_\_ Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Monthly Gross Income from all sources \$ \_\_\_\_\_

Total Annual Gross Family Income \$ \_\_\_\_\_

**Please provide a copy of your most recent pay stub and/or copies of other financial assistance received such as: FDC, SSI, general assistance, etc. We need documentation of your current household income.**

List any extraordinary or unusual expenses (e.g. medical, educational loans, etc.)

<u>Type of Expenses</u>	<u>Amount Paid Per Month</u>
1. _____	_____
2. _____	_____
3. _____	_____

Explanation of Expenses: \_\_\_\_\_

Are you presently enrolled in School? Yes \_\_\_ No \_\_\_ Full Time \_\_\_ Part Time \_\_\_

Are you receiving financial aid for school? Yes \_\_\_ No \_\_\_ **Please provide copies of any financial assistance you receive.**

Please list names of all dependents in your household below:

Name (First, MI, Last)	Sex	Relationship	Employer/School	Date of Birth


Type of assistance requested: (Circle One) 1 Player 2 Players 3 Players Other \_\_\_\_\_

Why do you need assistance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Dakota Gold Soccer Club Financial Assistance Program? \_\_\_\_\_

\_\_\_\_\_

I feel by using the scale that I can afford to pay \$ \_\_\_\_\_ for my annual membership. (See back page for sliding scale).

I certify that the above information is true and complete to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian if under 19 years of age)

### AGENCY REFERRAL

(To be completed by the person making the referral. Example of referral people: Clergy, Social Worker, School Counselor, Physician, Employer, etc.)

Agency/School Organization referring Address Phone

Agency/School Representative's Name Date

Why is this person/family being referred to the Dakota Gold Soccer Club for financial assistance? \_\_\_\_\_

### DAKOTA GOLD APPROVED FINANCIAL ASSISTANCE

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_