



## **FINANCIAL ASSISTANCE POLICY**

**Alabama Soccer Association is pleased to offer a comprehensive need-based financial assistance program for ODP.**

### **Application Process & Procedures**

Financial Assistance is available for players in need and who demonstrate the desire to make the necessary sacrifices to fulfill their potential as a player

Financial Assistance applications will only be accepted once per seasonal year. Financial Assistance will be determined from the required documentation.

In the event of a full denial for financial assistance the registration fees are due as scheduled. The granting or denial of scholarship will be communicated directly to the applicant.

The application should be complete and submitted in its entirety. NO application will be reviewed or accepted without ALL documentation required.

Please submit the following required documentation:

1. Completed Application, pages 1 & 2 (see following 2 pages)
2. All appropriate documentation to include: 1) copy of previous year's tax return & 2) current paystub
3. Player Scholarship Questionnaire
4. Player Essay
5. Please include any circumstances that would affect your need for financial assistance.

In the event a player registers at a later stage of the season the application will still be reviewed. However, the application will be subject to the availability of funds.

# ODP Scholarship Player Questionnaire

To be completed by the player, not the parent!

## 1. How long do you *SEE* yourself playing soccer?

Not how long do you want to play or what is your long-term goal, how long do you *SEE* yourself playing, as in close your eyes and how far do you really think you will go?


## 2. How often do you watch soccer on TV?

Not YouTube or on your phone, how often do you sit down and watch complete games of soccer? Who do you watch and why do you watch them?


## 3. How often do you train on your own?

Not in private sessions or small group sessions, how often do you take a ball and go work on a skill by yourself, without being encouraged to do so by anyone else?


## 4. Describe the sacrifices you make to be the best player you can be:






# Alabama Soccer Association

## Olympic Development Program

### Financial Assistance Application

This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the Financial Assistance Committee members.

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone H ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Email Address for Communication \_\_\_\_\_

Other Monthly Income \_\_\_\_\_

How many people are dependent upon this income? \_\_\_\_\_

Does this player have any siblings playing soccer? Yes or No If so, how many? \_\_\_\_\_

What club does the player participate with? \_\_\_\_\_

Does the club provide any scholarship or financial aid for this player? Yes or No If so, how much?

COMMENTS OR OTHER IMPORTANT INFORMATION:

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(More info can be provided on back of form if needed)

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you be willing to help out at ODP events? Yes or No: \_\_\_\_\_

Return this application (pages 1 & 2) along with other documentation requested to the  
AYSA State Office.

Alabama Youth Soccer  
4678 Valleydale Road, Suite 200  
Birmingham, AL 35242  
205-991-9779(O) 205-991-3736(F)  
or email: kevin@alsoccer.org



**FOR ASA USE ONLY**

**Awarded:**

25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_ 100% \_\_\_\_\_

**Approved by:**

\_\_\_\_\_

State Technical Director

\_\_\_\_\_

Date