

Mecklenburg Union FC Financial Assistance Application

Instructions for Filing:

1. Forms must be completed by a parent or legal guardian and all information must be completed in full. **Incomplete applications will not be considered.**
2. Failure to provide all supporting documentation and/or incomplete applications will result in automatic denial. Attach the following documents with your application:
 - a. Most recent year's tax return
 - b. Copies of most recent payroll stub for all employed family members
 - c. Copies of any court orders, divorce papers, etc regarding financial responsibility and/or support for the player
3. **Applications will not be considered unless the \$300 commitment fee has been paid for each player requesting aid.**
4. All applications must be signed and dated.
5. **Applications must be received by June 11th** (September 15th for Spring only teams). Applications received after this date will not be considered. Please mail completed applications to the following address:

Mecklenburg Union FC
100 N. Tryon Street
Suite B220-PMB 405
Charlotte, NC 28202-4029
6. If there are any questions, please email our treasurer at melissa.wall@mecklenburgunionfc.com

Qualifications and Conditions:

1. Financial assistance is granted on an annual basis. A new application must be submitted every year.
2. Financial assistance applies to club dues only. All other miscellaneous team fees, uniform fees, etc are the responsibility of the applicant or the team.
3. By submitting this application, you agree to work a minimum of 8 hours at the Fall or Spring MUFC tournament as assigned by tournament staff.
4. **Aid will be awarded by June 25th. If your account is not current by July 1st, we reserve the right to revoke any aid awarded. (Aid for Spring only teams will be awarded by October 1st. If your account is not current by October 15th, we reserve the right to revoke any aid awarded).**

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Names, age and date of birth of players for whom you are applying

Contact Information

Street City, State, Zip

Number of people living in home: Adults (18 and over) _____ Children (Under 18): _____

Name of Father Name of Mother

Work phone Cell phone Work phone Cell phone

Email address Email address

Occupation, place of employment Occupation, place of employment

Salary Salary

PLEASE STATE HERE THE CIRCUMSTANCES CONTRIBUTING TO NEED FOR ASSISTANCE:

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.

Print name

Signature/Date