

MEMBER ASSISTANCE PROGRAM APPLICATION

Recreational Program

Willamette United Football Club
19995 SW Stafford Rd, Ste C
West Linn, OR, 97068
(503) 638-9777

PLEASE READ THE FOLLOWING CAREFULLY:

Willamette United Football Club has a limited amount of funds for those families needing financial assistance for soccer fees. No Financial assistance requests will be considered without a completed request form. The Club cannot guarantee your request for assistance. Forms must be turned into the WUFC Club office by the last day of registration for the program which financial aid is being requested. The WUFC Financial Aid committee will review all applications and will notify you prior to the program start date.

The WUFC Financial Aid committee may request documentation supporting the applicant’s current financial situation. This helps determine how to disburse the limited financial aid funds among multiple qualifying applicants. The burden is on the applicant to show that they are in need of financial assistance. This is a voluntary application process and the applicant is free to provide or not provide documentation supporting their claim for financial assistance.

The financial aid application process and all information provided to the WUFC Financial Aid committee will remain strictly confidential.

Those given a financial aid package will be expected to set up a payment plan for what they are able to pay and will be expected to volunteer to work for the club during the program season to repay balance owed.

Volunteer hours are applied to your financial aid package at the rate of \$20 per hour. (Example: \$1,000 registration paid back at \$20.00 per hour equals 50 hours of volunteer time.) Attached is a list of all activities from which you can choose your volunteer hours. You will receive a bill at the end of the program season for all volunteer hours not completed.

APPLICANT INFORMATION

Player’s Name (#1): _____
Last First Middle

Date of Birth: _____ Age: _____ Grade: _____

Player’s Name (#2): _____
Last First

Date of Birth: _____ Age: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent Guardian Name (#1): _____
Last First

Address: _____
Street City/State Zip Code

Phone Number: _____ Cell: _____ Email: _____

Employer Name: _____ Address: _____

Phone: _____ How Long Employed: _____ Gross Monthly Income _____

Parent Guardian Name (#2): _____
Last First

Address: _____
Street City/State Zip Code

Phone Number: _____ Cell: _____ Email: _____

Employer Name: _____ Address: _____

Phone: _____ How Long Employed: _____ Gross Monthly Income _____

Other household income received: \$ Amount: _____ Source: _____

Note: You may be required to provide a copy of your two most recent paystubs and or letter from your employer (on company letterhead) stating your monthly gross income. If you are self-employed, we may require a Schedule C. Previous Year's tax return will also be accepted.

ADDITIONAL FAMILY MEMBERS IN HOUSEHOLD

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Reminder: Forms need to be submitted prior to the program registration closing. All forms are held in strictest of confidence. Private information is subject to review only by the financial aid committee.

SIGNATURE REQUIRED

I DO HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I AGREE TO PROVIDE ADDITIONAL DOCUMENTATION TO VERIFY NEED IF REQUESTED. FURTHER, I UNDERSTAND THAT THE WILLAMETTE UNITED FOOTBALL CLUB (WUFC) FINANCIAL COMMITTEE WILL REVIEW MY ELIGIBILITY. ALL WUFC MEMBERS AND PROGRAM PARTICIPANTS ARE SUBJECT TO THE RULES AND REGULATIONS OF WUFC.

X _____
Signature indicates that you have read and understand the above

Date: _____

I HAVE READ AND UNDERSTAND THE MANDATORY VOLUNTEER AND PAYMENT SECTION OF THIS APPLICATION. I WILL MEET MY VOLUNTEER AND FINANCIAL OBLIGATIONS BY THE END OF THE PROGRAM SEASON.

X _____
Signature indicates that you have read and understand the above

Date: _____

This form must be submitted to:
Willamette United Football Club
19995 S. W. Stafford Road, Ste. C
West Linn, Oregon 97068 FAX: 503-638-9797
Questions: Please call 503-638-9777
Please mark envelope – PERSONAL and CONFIDENTIAL if mailing

**It is imperative that you keep your email and phone information current with WUFC. If you do not have email or phone, it will be up to you to call for updates. You will be receiving updates from the following email address. Please place this email address in your contact list:
Krisa@willametteunitedfc.com**

OPPORTUNITIES TO FULFILL YOUR VOLUNTEER HOURS

Please check the jobs you are interested in volunteering for this season. You will be sent an email with instructions on volunteering when the Club is in need of volunteers.

- _____ Preparing Rec Equipment Bags
- _____ Classic Tryouts (check-in)
- _____ Academy Camp (check-in)
- _____ Picture Day (check-in, recycle table, parking)
- _____ Field Prep (moving & setting up nets & goals, seeding, weeding & aerating, painting goals)
- _____ Office Work (organizing, shredding, cleaning, pricing re-sale items)
- _____ Tournament Support (set-up, take-down, check-in, parking, field marshals and Site Managers)

For other ideas or opportunities not listed, please call the office (503-638-9777)