



## Financial Aid Request

The Amherst Soccer Club/Hampshire United SC offers a financial aid program for those players who are in need of financial assistance in order to play soccer. The club does not want to lose players due to financial reasons. Please download the attached form, complete and submit all documentation listed below that will help the Financial Aid Committee, more accurately, determine your need. **Uniforms and Training Gear are not covered by financial aid.** Your application will be dealt with in a confidential manner.

This information will be reviewed only by the Amherst Soccer Club/Hampshire United SC financial aid Committee.

Please email all documentation to [admin@hampshireunitedsc.com](mailto:admin@hampshireunitedsc.com) or mail to:

**Hampshire United SC  
Amherst Soccer Club  
PO Box 853  
Amherst, NH**

### Types of Financial Aid:

**1. Payment Plan:** This is not a scholarship and does not reduce the tuition due to the club by the family. Instead it allows the family to pay fees on a schedule that is customized to your family and is different from the payment schedule as listed on the Payment forms and contracts. Payment plans should be arranged by contacting the club administrator at [admin@hampshireunitedsc.com](mailto:admin@hampshireunitedsc.com).

**2. Financial Aid:** The aid that a family can receive ranges from 10% to 100% excluding uniform / training gear. In order to be considered for Financial Aid the following must be sent to the Amherst Soccer Club/Hampshire United SC club administrator:

- 1) Fill out the attached Financial Aid Application.
- 2) Attach a copy of parents/guardians\* last years' 1040 or equivalent Federal Tax Return.

**All families receiving Financial Aid are asked to volunteer 6 hours per season to help Amherst Soccer Club/Hampshire United SC. Duties will be arranged with the board of directors.**

\* Financial Assistance will based off of the financial need of the parents / guardians of the player.

**AMHERST SOCCER CLUB  
HAMPSHIRE UNITED SC  
FINANCIAL AID APPLICATION**

Season/Seasons Applying for: \_\_\_\_\_

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Work Tel #: \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Information: # of Adults \_\_\_\_ # of Children \_\_\_\_ # of players for HUSC/ASC \_\_\_\_

**Financial Information:**

Annual Gross Household Income: \_\_\_\_\_

How much can you contribute towards the registration fee: \_\_\_\_\_

**Extraordinary Circumstances:**

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**Please be sure to attach a copy of the parents/guardians last years' 1040 or equivalent Federal Tax Return.**