



Hernando Soccer Club

1360 Anderson Snow Rd
Spring Hill, FL 34609
hernandosoccerclub.com

Dear Hernando Soccer Club Family,

At Hernando Soccer Club, we are committed to providing a positive and inclusive experience for the youth in our community. While we are a nonprofit organization, our goal is to ensure that financial constraints never prevent a child from playing soccer. To support families in need, we offer two options for assistance with registration fees:

1. **Financial Assistance:** Qualified applicants may receive up to **100% coverage** of league registration fees. The awarded amount will be **matched dollar-for-dollar** upon receipt. In return, recipients are required to complete **one hour of league service for every \$20 received**.
2. **Payment Plan:** We also offer a **flexible payment plan**, evaluated on a case-by-case basis, to assist families in managing registration costs over time.

We strive to work with families who want to provide their children with the opportunity to grow and develop through soccer. If you would like to be considered for either option, please complete the attached application and indicate your preferred assistance option in the upper right-hand corner. A member of our team will reach out to discuss your application in the coming weeks.

If you have any questions, feel free to reach out. We appreciate your support in making soccer accessible to all.

Best regards,

Hernando Soccer Club



Financial Assistance Application Form

PERSONAL AND CONFIDENTIAL

Hernando Soccer Club, Inc. provides financial assistance for eligible applicants, covering up to 100% of the league registration fee. Recipients are required to volunteer at the club throughout the season. Failure to fulfill the volunteer commitment may result in the scholarship being revoked.

1. Applicant's Name: _____

Spouse's Name: _____

2. Street Address: _____

City: _____ State: _____ Zip Code: _____

3. Contact Information

Home: _____ Cell: _____

Email: _____

4. Employment Status

☐ Full Time ☐ Part Time ☐ Unemployed ☐ Workers' Comp ☐ Disability; SSI; Medicare/Medicaid

5. Applicant's Employer: _____

6. Spouse's Employer: _____

7. Household Members

List ALL dependents and/or persons in your household:

Name	Age	Relationship to Applicant

8. Total Gross Income (Before Taxes) from All Sources Last Year Check one:

☐ Under 25,000 ☐ 25,001-35,000 ☐ 35,001-45,000 ☐ 45,001-50,000 ☐ Above 50,000

9. Additional Assistance Household Receives Currently Check all that apply:

☐ Subsidized Housing ☐ Food Stamps ☐ Medical Assistance ☐ Free/Reduced School Lunch



Hernando Soccer Club

1360 Anderson Snow Rd
Spring Hill, FL 34609
hernandosoccerclub.com

10. Child Support & Payment Plan

How much child support did your household receive last year from a non-custodial parent? _____

What amount of soccer fees can you afford to pay? _____

Over what time period can you pay these fees? _____

11. Assistance Requested

☐ Recreational

- Number of Children: _____ Amount Requested: _____
- Player: _____ Coach: _____
- Player: _____ Coach: _____
- Player: _____ Coach: _____

☐ Competitive

- Number of Children: _____ Amount Requested: _____
- Player: _____ Coach: _____
- Player: _____ Coach: _____
- Player: _____ Coach: _____

12. Amount Paid with Registration: _____

13. Previous Financial Assistance

Did you receive financial assistance from Hernando Soccer Club last season? ☐ Yes ☐ No

14. Volunteer Agreement

I understand that if my request for financial assistance is granted, I will be required to volunteer my time to HSC at a rate of **\$20.00 per hour**, for an amount of time equivalent to the financial assistance granted.

The Volunteer Coordinator may contact me to arrange times and assignments: ☐ Yes ☐ No

15. Acknowledgement of Information

I have, in good faith, accurately reported and submitted all information requested in this Financial Assistance Application. Further, I consent to and fully authorize Hernando Soccer Club or its agents to take necessary actions to confirm the information submitted herein. I acknowledge that my failure to complete volunteer hours may cause HSC to rescind all financial aid granted and/or cause my child to be removed from his/her team's roster or cause his/her playing privileges to be suspended or revoked by HSC.

Applicant's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____