

# Brazas Futebol Club Competitive Program, 2024-2025 Financial Aid Application www.brazas.org

#### **APPLICATION SUBMITTAL INFORMATION**

All applications must be submitted by **5:00pm on June 15th, 202**4. Any application submitted after this date will only be considered if there are financial aid funds available.

Applications may be submitted by providing the *fully completed* application and *all required documentation* via email to f brazasfutebol@gmail.com

You may also present a completed application with documentation to the Club Registrars or head coaches. Finally, you can mail the completed application and documentation to:

Brazas Futebol Club - Financial Aid 4802 E. Ray Rd., Suite 23-505 Phoenix, AZ 85044

## Incomplete applications will not be considered.

• All parents/guardians must be listed whether the child lives with the parent or not, and contact information provided (phone or email).

Applications will not be considered if there are outstanding player balances from the prior season.

### **REQUIRED DOCUMENTATION:**

You must submit a copy of each parent or guardians 2023 Federal Tax Returns (Form 1040 or equivalent) with the application. A single return is acceptable if the parents/guardians filed jointly.

If the 2023 Federal Tax Return is not available, then the parent/guardian may submit W-2's from his or her employer indicating the amount and source of income, however, *the Board is not required to consider this alternative documentation in determining eligibility or award*. Initial consideration for financial aid will be given to those applicants who submit their 2023 Federal Returns.

The Board reserves the right to request any additional information related to this application that may assist in determining eligibility or award. Failure to provide additional information upon request may disqualify the applicant from consideration.

Submission of an application for financial aid does not guarantee that financial aid can or will be awarded.

All information submitted by the applicant for consideration for financial aid will be held in confidence by the Club and the Board. Likewise, the details of any financial aid provided pursuant to this application process shall be confidential. Any breach of confidentiality by the applicant/recipient may result in revocation of financial aid.

All applicants will be treated equally without bias to gender, color, race, nationality, and/or religion.

**All players are required to pay the mandatory \$300 non-refundable registration fee.** It must be paid in full by **June 15**<sup>th</sup> and will be applied to Club Fees. Failure to pay this registration fee will disqualify a player from consideration for financial aid and prevent issuance of the required State Player Card through the Club.

*Financial aid does not cover team fees* (e.g., tournament and league fees, referee fees, or team related expenses). Team fees are separate fees managed by each individual Team Manager.

# APPLICANT/PLAYER AND PARENT/GUARDIAN INFORMATION

Player's Name (Last, First):		
Date of Birth:	Identified Gender:	Male Female
Address:	City:	Zip:
Applicant lives with: Both Parents	Mother Father Other	· <u> </u>
Parent/Guardian Name:		
Phone Number:	Email:	
Parent/Guardian Name:		
Address (if different from Player):		
Phone Number:	Email:	
Nolf yes, please list player names and the Has the Applicant played for Brazas in p	orior seasons? Yes No	
If you answered yes, how long has the A FINANCIAL AID REQUESTED	Applicant played for the Club?	
NOTE: No applicant/player is eligible to	o have more than 50% of their Club F	ees covered by financial aid.
I/We are requesting financial aid in the	amount of \$	
We understand that the total Club Fees confirmation if needed)	for the applicant are: (check with Reg	gistrar, Coach, or <u>www.brazas.org</u> for
□ \$1150: 2018 (U7) □ \$1150: 201	7 (U8)	<del>)</del> )
□ <b>\$1350</b> : 2015 (U10) □ <b>\$1650</b> : 2014	(U11), 2013 (U12)	
□ <b>\$1900</b> : 2012(U13), 2011 (U14), 2010	) (U15), 2009 (U16), 2008 (U17)	
☐ <b>\$1650</b> : 2007 (U18), 2006 (U19)		
We are willing and able to pay \$	toward the required Club Fe	ees.

**Additional Consideration** 

If there are other mitigating or contributing circumstances you would like the Board to consider when evaluating eligibility and award, please discuss here:				

### **Additional Information Regarding Award**

Executive Board Member Signature:

If awarded, financial aid will be granted based on the soccer season that runs from August 2024 through May 2025. A new application must be submitted each year. The funding level for financial aid will depend on several criteria determined by budget allocation. Financial aid awards will be granted prior to the start of the 2023-2024 season.

Any award of financial aid is a commitment that the Club is making to the Player and his or her family. The expectation of the Board is that the Player *participates fully* in team practices, games, tournaments, team functions, and any other regular team activities.

In addition, the parent/guardians will be required to support and assist with Club events as listed in **Attachment 1.** The required hours of support and assistance are based on the percentage of financial aid awarded and will be monitored by the assigned Coach and Team Manager.

Lack of participation by the Player and/or failure to provide support and assistance by the parent/guardians may result in revocation of financial aid. This is at the discretion of the Board.

Application Completion Please identify which document	s you have provided with this application:	
2023 1040 Federal Tax I 2023 1040 Federal Tax I 2023 W-2's for all emplo	Returns for second Parent/Guardian if not fi	led jointly
I certify that all information probest of my knowledge.	vided and statements made in association	with this application are true to the
Parent/Guardian Signature:		Date:
Parent/Guardian Full Name:		
Applications can be emailed to Brazas Futebol Club Financial Aid 4802 E. Ray Rd., Suite 23-505 Phoenix, AZ 85044	financialaid@brazas.soccer or mailed to:	
BRAZAS FUTEBOL CLUB USE ON	ILY BELOW THIS LINE	
Date application received:		
☐ Financial Aid Approved	Amount approved: \$	
	Percentage of Club Fee: Vo	lunteer Hours:
☐ Financial Aid Denied Reason	for denial:	

Date:\_\_\_\_\_

#### **ATTACHMENT 1**

## PARENT/GUARDIAN SUPPORT AND ASSISTANCE COMMITMENT GUIDELINES

As discussed in the Financial Aid application, any award of assistance requires that the parents and/or guardians of the Player receiving financial aid provide support and assistance throughout the season for Club sponsored events. The guidelines for award are as follows:

- For financial aid equivalent to up to 25% of Club Fees, the parents/guardians must contribute up to 20 hours of total time to support Club activities.
- For financial aid equivalent to 26%-50% of Club Fees, the parents/guardians must contribute up to 40 hours of total time to support Club activities.

Support and assistance activities may include, but are not limited to:

- Field set up and breakdown for
  - Scrimmages
  - o League games
  - o Futsal games
  - Tournaments
- Assistance with bilingual communications
- Support with Club Programs
  - o Competitive Program
  - o Brazitas Recreational Program
  - Futsal Camps
  - o Futsal Challenge
  - Tournaments
  - Clinics
- Assist with Club events and functions
  - End of season parties
  - Tryouts
  - o Meeting events
  - Fundraising activities for Club
  - Sponsor activities
  - Photography and videography
- Team Specific Duties
  - o Team Manager
  - Parent