

SPokane Soccer Club

APPLICATION FOR SOCCERSHIP

To apply for a Spokane Soccer Club Soccership, please fill out this application, sign it and return it with a completed registration form to the Spokane SC Registrar. PLEASE ANSWER ALL QUESTIONS ON THE FORM. An application which does not contain the total household income, the names of all household members and the signature of an adult household member cannot be processed by Spokane SC.

NONDISCRIMINATION: Children who receive a fee waiver or reduction from Spokane SC are treated the same way as children who pay the full registration fee. In the operation of Spokane SC no child will be discriminated against because of race, color, sex, national origin, age or disability.

VERIFICATION: To assure that only truly needy children are receiving Spokane SC soccerships, some applications may be selected for verification of the household's listed income. Your household's application may be one selected for verification. If you are selected, you must submit information and/or documents, which confirm the income, listed on your application. Any original documents submitted will be returned to you.

FAIR HEARING: Once an application is received, it will be confidentially reviewed by the Registration Committee. A recommendation for approval/non-approval will then be made and you will receive written notification of the decision. If you do not agree with the decision on the application or the result of verification, you may wish to discuss it with the Registration Committee. This can be done by writing to: Spokane SC Registration Committee, PO Box 30062, Spokane, WA 99223.

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COMPLETE THE FOLLOWING:

I. Household Members: List all related and unrelated people who are living in your household.

A. **Child/Children for whom application is made:**

Name (last, first) Birthdate Grade School

1. _____

2. _____

B. **Other children: List names of all other children under 21 yrs. of age living in your household. Check box if currently playing soccer.**

Name(last, first) Birthdate Name(last, first) Birthdate

1. _____ 3. _____

2. _____ 4. _____

C. **Adults: List all persons 21 yrs. of age or older who are living in your household. Include yourself.**

Name(last, first) Age Name(last, first) Age

1. _____ 3. _____

2. _____ 4. _____

D. **Total number of household members:** _____ (Add all persons listed in A, B, C)

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II. **INCOME:** You need the following facts to fill in your income information below:

CURRENT INCOME: We need the income received by all members of your household last month to figure your income for this year. But, if you have household members for whom last month's income was much higher or lower than usual, please list that person's expected income for this year (12 months starting from last month). For example, self-employed people like farmers and migrant workers should list yearly income.

TYPES OF INCOME: Include money received from salary, wages, welfare, unemployment, child support, alimony, strike benefits, social security, pensions, retirement and disability payments, earnings from self-employment (including farming), and other cash income received or withdrawn from any source which is available for payment of a child's soccer registration fee.

List the total income received by all household members by type shown below before such deductions as taxes and social security. For each type of income show the amount received.

Total per month:

Wages, salary _____
Social Security Benefits _____
Public Assistance (Welfare) _____
Unemployment _____

Alimony and/or child support _____
Pension or Retirement benefits _____
Interest and Dividend payments _____
Other _____

Total monthly income _____

or

Total yearly income _____

III. **SIGNATURE:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of a Spokane SC Soccership; that Spokane SC officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member

Date

Print name

Daytime Telephone

Address

FOR SSC USE ONLY (DO NOT WRITE BELOW THIS LINE)

Determination: _____ approved fee waiver
_____ approved fee reduction
_____ denied

Reason for denial:

Date written notification sent to parents

Signature of determining official

Date determination made