

# Northern Virginia Alliance (NVA)

## **Financial Assistance Application**

2024-2025

Deadline for consideration: Friday, April 12, 2024

#### Dear Parents and Players,

Northern Virginia Alliance (NVA) is committed to ensuring that all players have the opportunity to participate in our programs regardless of economic status. As such, NVA offers a Financial Assistance programto help qualified families offset NVA ECNL Club fees. Financial assistance awards are for a single seasonal year, and must be applied for annually. Financial assistance covers Club fees only; families receiving financial assistance are expected to pay uniform fees (at a discounted rate) and team fees.

Eligibility for financial assistance is based primarily on verified family income; and, so all families applyingfor assistance must submit income information for verification purposes. For the 2024-2025 season, the eligibility threshold is an annual gross family income of \$65,000. That said, other factors such as unemployment or financial hardship will be considered in cases where the threshold is not met, and must be outlined in detail on the application.

Recipients of financial assistance are requested to contribute volunteer hours to NVA, inproportion to the magnitude of their grant. Financial Assistance amounts are available as follows:

- 75-100%: The player family is responsible for 0-25% of the program fee, and are asked to contribute 20 hours of volunteer work across the 2024-2025 season.
- 50-75%: Family covers 25-50% of the program fee, and contributes 16 hours of volunteer work.
- 25-50%: Family covers 50-75% of the program fee, and contributes 12 hours of volunteer work.
- 15-25%: Family covers 75%-85% of the program fee, and contributes 8 hours of volunteer work.

Please note that the Financial Assistance award will be a dollar amount, and the amount families have tocover will be stated with the award letter.

In order to be considered for financial assistance, applicants must supply <u>all</u> of the information requested on the following pages, even if certain information has been provided in the past. Incomplete applications will not be considered.

#### **Application Process**

**Step 1:** Completed applications must be submitted via email to the following address:

nvafa@nvasoccer.com

#### NVA ECNL DEADLINE: Applications must be received by April 12, 2024 for consideration.

#### **Review & Award Process:**

- Player must be accepted to a NVA ECNL team before financial assistance application will be reviewed.
- The Financial Assistance Committee will review completed applications (all support materials must be received for an application to be complete)
- The Committee will allocate funds to qualified recipients.
- NVA will notify applicants of their decision within 15 days of the application deadline.
- When questions arise, NVA may reach out to applicants for additional information.

### 2024-2025 Financial Assistance Application Form

Player Name		DOB	Gender(M/F)	
Current Team	Coach		Age Group	
School			Grade	
List additional members of househ Household Member		yer Loudo	oun Soccer Player?	
Please note any special circumsta necessary):	nces that should be tak	en into account (attach	າ additional sheets if	
2024-2025 Income Verification Form				
Occupation(s) of Parent/Guardian	#1:			
Occupation(s) of Parent/Guardian	#2:			
Do you own or rent your home? Number of wage earners in household?				
2023 gross household income (be	fore taxes) \$			
2022 gross household income (be	fore taxes) \$			
Has the player received NVA financial assistance previously? If yes,				
when and for how much?				
Number of years family has been w	vith NVA?			
For children attending private school, do you receive tuition assistance?				
If yes, from where, and for how mu	ıch?			
Please include a copy of one of th	e following forms along	with your application:		
<ul> <li>2023 U.S. Federal Tax Re</li> <li>2022 Federal Tax return a</li> <li>2023 W-2 or 1099 Misc fo</li> <li>Proof of eligibility for Medi</li> </ul>	nd 2022 extension requ rms for both parents/gu	iest ardians	applicable)	
I certify that the information on this up to date, to the best of my know the player forfeiting, repaying and	ledge. I understand that	t providing incorrect or	false information may result in	

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_\_ Date: \_\_\_\_\_

#### **Financial Assistance Notification Form**

Please fill out this form and submit it along with the financial assistance application form and income verification form.

Player Name	DOB	Gender(M/F)
Current TeamCoach		Age Group
School		Grade
Mother's Name/Guardian Name		
(H) Phone (C) Phone	Email _	
Father's Name/Guardian Name		
(H) Phone (C) Phone	Email _	
Email address where notification should be emai	led:	
APPROVED: Financial Assistance figure a		
Financial Assistance amount awarded	\$ \$	% %
Family/player responsibility Required volunteer hours	\$	%
NOT APPROVED		
Reason:		
Decision Date:		
Approved by:	Date:	
Signature:	Date:	