



Casper Soccer Club Financial Assistance Application

Applicant Information

Player Name: _____

Player Mailing Address: _____

Player Date of Birth/Age Group: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Household Information

Number of People in Household: _____

Number of Dependent Children in Household: _____

Annual Household Income Range (check one):

☐ Under \$25,000

☐ \$25,001-\$40,000

☐ \$40,001-\$60,000

☐ \$60,001-\$80,000

☐ Over \$80,000

Do you qualify for Free or Reduced Lunch? ☐ Yes ☐ No

Are you currently receiving SNAP, Medicaid, WIC, TANF, Section 8 Housing, or other government assistance? ☐ Yes ☐ No

If yes, please specify: _____

Are you currently unemployed? ☐ Yes ☐ No

Participation Information

Have you previously received financial assistance from CSC? ☐ Yes ☐ No

If yes, when? _____

How many children in your household are currently participating in sports? _____

Program Applying For:

- ☐ Fall Recreational
- ☐ Spring Recreational
- ☐ Blades Competitive
- ☐ TOPSoccer
- ☐ Camp
- ☐ Futsal

Assistance Requested:

- ☐ Registration Fees
- ☐ Uniform Assistance
- ☐ Cleats/Shin Guards
- ☐ Soccer Ball
- ☐ Other

Why does your player want to participate in this program?

Has your player consistently attended practices and games in the past (if applicable)?

☐ Yes ☐ No

If no, please explain: _____

Is your family willing and able to volunteer with CSC if financial assistance is awarded?

☐ Yes ☐ No ☐ Maybe

Acknowledgements

Financial assistance applications are reviewed by a committee consisting of CSC staff members and designated CSC Board members. Applications are evaluated using a variety of factors, including household size, income, financial need, participation history, and available funding. Submission of an application does not guarantee assistance.

CSC reserves the right to request additional documentation to verify financial need. Documentation may include, but is not limited to, recent pay stubs, proof of government assistance, unemployment documentation, or other supporting materials.

Financial assistance awards are based on available funding and a sliding-scale review process. Award amounts may vary from applicant to applicant.

I certify that the information provided on this application is true, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may result in denial or revocation of financial assistance.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Received By	
Date Received	
Additional Documentation Received	☐ Pay Stub ☐ Tax Return ☐ Government Assistance Verification ☐ Unemployment Documentation ☐ Other
Application Status	☐ Approved ☐ Partially Approved ☐ Denied

Amount Awarded: \$ _____

Program Approved For: _____

Committee/Staff Notes:

CSC Representative Signature: _____

Date: _____