



2019 ODP Financial Aid Application Instructions

1. The 2019 Region Camp fee is \$875. The maximum amount of aid available per player is \$775. **Player requesting Financial Aid is required to invest \$100 toward Region Camp fee PLUS perform 10 hours of community service.** See last page for criteria and how to record hours.
 2. **Player must complete online registration for 2019 Region Camp by the April 5 deadline.** Player requesting Financial Aid may use the "FA recipient" payment option and pay \$100 to hold their spot on the State Team.
 3. The Financial Aid Application packet MUST include:
 - a. The Financial Aid **Application** (page 2 of these instructions)
 - b. A **letter** stating the need and requesting financial aid (**This letter is REQUIRED**)
 - c. First TWO pages (**ONLY**) of parent's **2018 tax return** (black out Social Security numbers)
 - i. If tax return is not available, applicant **MUST** provide documented evidence that aid is being received by player/family (i.e. state, county, community).
 - d. Copy of the player's school **report card**.

Incomplete requests WILL NOT BE PROCESSED.
 4. Submit Application as an EMAIL ATTACHMENT
 - Take a picture or scan all the application documents into one or multiple .pdf files, .jpeg files, etc.
 - Name this file with **the player's LAST name.FIRST name, birth year gender** (Ex: Smith.Suzie, 03 Girl).
 - If the attachment is not titled correctly, the application process will be delayed and possibly NOT processed.
 - Attach the file to an email sent to this email address 2019_FA.f4hn34yjjadlv9yh@u.box.com
 - It is NOT possible to reply to the sender.
 - The "2019_FA.f4hn34yjjadlv9yh@u.box.com" email address is ONLY for uploading the Financial Aid Application.
 - The only information uploaded will be the attachment(s). The ONLY thing visible is the attachment.
 - Do not send any camp questions to this email address.
- APPLICATION DEADLINE: 5:00pm, Friday, April 5, 2019.**
LATE APPLICATIONS WILL NOT BE ACCEPTED
5. Applications will be carefully reviewed and a financial aid amount will be determined as quickly as possible. Parents will be notified via email if financial aid will be granted and the amount. Be sure to provide a valid, legible email address on the application.
 6. Financial Aid is be based on need and granted as follows:
 - a. **25%:** This amount means the family is responsible for 75% of the camp fee. This fee is due by 5:00pm Friday, May 31, 2019;
 - b. **50%:** This amount means the family is responsible for 50% of the camp fee. This fee is due by 5:00pm Friday, May 31, 2019;
 - c. **75%:** This amount means the family is responsible for 25% of the camp fee. This fee is due by Friday, May 31, 2019;
 - d. **100%:** This amount means that the family is responsible for the \$100 fee and community service hours (see above).

Any questions or concerns please email at ODP@stxsoccer.org. (**DO NOT** send application to this address.)

2019 ODP Financial Aid Application

STYSA STATE ODP PROGRAM FINANCIAL AID APPLICATION

The following information will be kept in the strictest confidence and used solely for the purpose of financial aid consideration for the South Region Camp fee. Please print or type. This form must be completed in its entirety. Any extenuating circumstances may be noted in the accompanying letter.

Player's Name: PRINT NEATLY		Date of Birth:
BEST Contact Phone:		Gender:
Address:		City: Zip:
Is this player's first year to participate in ODP? YES NO	Has player attended South Region Camp before? YES NO	Has player previously been selected for South Region team? YES NO
Mother/Guardian's Name:		Father/Guardian's Name:
Present Employer:		Present Employer:
Years Employed:		Years Employed:
Past Employer:		Past Employer:
Years Employed:		Years Employed:
Earnings Per Month:		Earnings Per Month:
Other Income (specify):		\$ / Month
Sponsorship Received Name of Association:		Amount: \$
Name of Club:		Amount: \$
Financial Assistance Received Organization:		Amount: \$
Organization:		Amount: \$
Adjusted Gross Income for 2018: \$		Number of Dependents (from tax return): DO NOT LEAVE BLANK
The information which I have furnished STYSA is an accurate reflection of our financial situation. We request any available financial assistance to defray the South Region ODP Camp registration fee, based upon the information furnished above.		
Signature:		Printed Name: Date:
CONTACT INFORMATION – Please provide the name and phone number of person to notify of results.		
Contact Person's Name:		Coach's Name:
Relation to Player:		Coach's Phone:
Email Address:		Coach's Email Address:

