

Spokane Shadow

2025 - 2026 Season Financial Assistance Application



Deadline: Financial Assistance application must be completed and submitted **within 10 days of registration.**

Applications: Spokane Shadow Youth Soccer Club, a Washington nonprofit corporation ("SSC Shadow") provides a limited amount of financial assistance to children (players) whose families are unable to pay the full cost of registration fees. SSC Shadow grants financial assistance based on financial needs (NOT player ability) and requires information to determine the need for financial assistance.

Eligibility: Consideration for assistance is based on family-based income guidelines.

Please complete, sign and submit this application along with a copy of your **2024 Tax Return** and a detailed letter explaining why you are requesting assistance.

Player's Name: _____ Age Group/ Team Name: _____

Please mail the Financial Assistance Application to:

P.O. Box 4786

Spokane, WA 99220

Financial Assistance Statement of Understanding - Disclosures and Agreement

Incomplete applications will be returned, and the applicant will be asked to provide the information. Complete applications are considered for financial assistance at SSC Shadow's sole discretion and any financial assistance is subject to availability of financial assistance funds. Any financial assistance that may be granted will be based entirely on the eligibility information stated on this form. Extenuating circumstances may be considered, at the sole discretion of SSC Shadow, please submit a written explanation for consideration. Players will not be allowed to begin practicing or playing games without obtaining a letter (can be via email) from SSC Shadow that states a completed Financial Assistance Application has been submitted for consideration. A letter will be provided (can be via email) by SSC Shadow when a decision of assistance is finalized. If less than full financial assistance is offered to a participant, the participant must make payment/remain current with all remaining registration fees in order to continue receiving financial assistance. Players who are not granted financial assistance will be required to make payments/remain current with all registration fees prior to practicing or playing games per the SSC Shadow No Pay/No Play policy. Players must complete registration via SSC Shadow standard online registration before financial assistance can be reviewed. Applications must be completed for each seasonal year.

Uniform Charges: Any financial assistance provided for registration fees does not cover and/or include uniform charges. Players will be responsible to pay all required uniform charges in full.

Team Charges: Any financial assistance provided for registration fees does not cover and/or include individual team charges. Players will be responsible to pay all team specific charges in full.

Privacy Statement: SSC Shadow will use the information provided for financial assistance purposed only. The information will not be shared with any parties outside of SSC Shadow.

Non-discrimination Statement: SSC Shadow does not discriminate on the basis of race, color, religion, nation origin, sex, age or disability. Any financial assistance offered is at the sole discretion of SSC Shadow.

Financial Assistance Withdrawal and Eligibility Termination: Financial assistance will be withdrawn by SSC Shadow in the event any information provided in a Financial Assistance Application is found to be incorrect, and participants will be removed from SSC Shadow activities for the current and all future activities. Financial assistance will also be withdrawn by SSC Shadow if the player's family does

not remain current in all club dues and registration fees that are not covered by financial assistance, or if the player does not finish the current seasonal year with SSC Shadow. In the event that financial assistance is withdrawn by SSC Shadow, for any reason, the undersigned acknowledges and agrees that they will be responsible to pay back the full amount of the financial assistance awarded. By applying for financial assistance, the undersigned further expressly consents to and understands that participants will be removed from current activities and will not be allowed to participate in any future activities of SSC Shadow if information provided in a Financial Assistance Application is found to be incorrect.

I have read, understand, and consent to the terms and conditions of SSC Shadow's Financial Assistance policies.

Parent/Guardian Name (Print)

Signature

Date

Parent/Guardian Name (Print)

Signature

Date

E-Mail: _____ Phone: _____