



Financial Assistance Application
Spring 2023 Season

Fredericksburg Football Club is constantly seeking to give every player the opportunity to be successful. For this reason we are pleased to offer Financial Assistance to those who qualify. The Club has a limited amount of funds available for Financial Assistance. The number of players receiving aid and the amount of assistance is determined on a case by case basis. In order to be considered for financial assistance applicants must complete the application. Incomplete applications will not be considered.

In order to be considered for financial assistance, applicants must complete ALL the information. Please follow these steps.

1. Complete the enclosed information with accurate and most recent information.
2. Provide the following personal financial documents that reflects your current income: Last two pay stubs of all adults listed on application.
3. Secure all information with this application and submit it by mail or email to the Financial Director at:
Email - mbrantley@fredericksburgfc.org
Mail - FFC, PO Box 3895, Fredericksburg, VA 22402
4. Any other situations that might be taken into account, for example, loss of employment or medical bills, please outline them in a letter giving a brief explanation including cost of expenses.

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

Notes:

- **Your application will NOT be considered if there is incomplete or incorrect information.**
- **Financial need will be the only determinant in receiving a scholarship. Scholarships are awarded based upon demonstrated need. Families will be responsible for any expenses not covered by the scholarship (uniforms).**
- **The player must accept the offered position in the system before the scholarship gift is applied to the player's account.**

Player's Name	
Player's Street Address	
Player's City/State/Zip Code	
Date of Birth	
Current Team	
Parent/Guardian Name	
Phone Number	
Email	

In the space below please explain why you would like to be considered for financial assistance.

I certify that all information given is accurate and to the best of my knowledge. I understand that the player and family may be required to volunteer service hours for FFC. I understand that if I am not current with my payments (balance on account after assistance is applied) the assistance may be revoked.

Printed Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	