

# HI Heat FC Financial Assistance Information & Form



HAWAII HEAT FC is pleased to offer a Financial Aid program to help families offset club fees. The club has a limited amount of Financial Aid funding available and the number of players receiving aid and the amount of the Financial Aid will vary depending on the funds available. Financial Aid is funded by contributions and sponsorships.

HAWAII HEAT FC does not offer 100% Financial Aid. Financial Aid will only cover a portion of the club fee and families will be responsible for paying any club fees not covered by the Financial Aid. Families are also responsible for their player's travel expenses. **Each family, by submitting an application for financial aid understands that you are committing to and shall be responsible for paying any club fees not covered by the Financial Aid. Failure to timely pay any club fees not covered by the Financial Aid when due may result in the suspension or termination of Financial Aid assistance and/participation in club practices, games and activities.**

**All financial aid applicants are required to pay the full amount of the uncovered portion of the club fee on the same payment schedule as the other families which shall be no later than 10/15/2021.**

## Application Instructions:

1. In order to be considered for Financial Aid, applicants must complete ALL THE INFORMATION ON THE FOLLOWING PAGES, EVEN IF YOU HAVE APPLIED BEFORE. If any information is incorrect or missing, the application may NOT be considered.
2. No application will be considered if the player has unpaid fees from a prior season. All applicants must be in good financial standing with the club and their team.
3. A separate form must be submitted for each player requesting financial assistance.
4. Submit all application materials by mail only:

Hawaii Heat FC  
P.O. Box 10056  
Honolulu, HI 96816  
Attention: FAC

Applications will not be accepted by email at this time. If you have any questions on the application please email:

[hawaiiheatfc@gmail.com](mailto:hawaiiheatfc@gmail.com)

5. Application Deadline: **OCTOBER 15, 2021.**  
Applications that are not received by this deadline may not be considered.

Financial Aid is awarded based upon demonstrated need. Applications will be reviewed by the Financial Aid Committee. All information will be kept **CONFIDENTIAL**.

## Important:

Club soccer involves both financial and time commitments from both players and parents/guardians. If you have questions about these commitments, please get in touch with a representative from HAWAII HEAT FC ([hawaiiheatfc@gmail.com](mailto:hawaiiheatfc@gmail.com)). We look forward to working with you and your son(s)/daughters(s).

# Hawaii Heat FC



## OFFICE USE ONLY

Application# \_\_\_\_\_

Team: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_

## APPLICATION FOR FINANCIAL AID

**CONFIDENTIAL**

Application Date:

Application Deadline: 10/15/2021

### PLAYER INFORMATION

|   |            |               |
|---|------------|---------------|
| Last Name   | First Name | Date of Birth |
| Address   | City       | Zip Code      |
| School  | Grade      |               |
| Check One: <input type="checkbox"/> Returning Hawaii Heat FC Player <input type="checkbox"/> New Player |            |               |

### MOTHER/GUARDIAN INFORMATION

|                                   |  |
|-----------------------------------|--|
| Name                              | First Name                                 |
| Address (if different from above) |  |
| City                              | State                      Zip Code        |
| Home Phone                        | Work Phone                      Cell Phone |
| E-Mail                            |  |

### FATHER/GUARDIAN INFORMATION

|                                   |  |
|-----------------------------------|--|
| Name                              | First Name                                 |
| Address (if different from above) |  |
| City                              | State                      Zip Code        |
| Home Phone                        | Work Phone                      Cell Phone |
| E-Mail                            |  |

### LIST ALL CHILDREN THAT ARE REGISTERED WITH HI HEAT FC OR OTHER CLUBS

| Name | Grade | School | Team Name |
|------|-------|--------|-----------|
| 1    |       |        |           |
| 2    |       |        |           |
| 3    |       |        |           |
| 4    |       |        |           |

**ASSESSMENT OF NEED:**

Please list any other information you wish the Financial Aid Committee to consider in evaluating this application (e.g., recent changes in family income levels, employment status, or other financial hardship. Please also list other dependent children playing for Hawaii Heat FC teams. Use additional pages, if necessary). Failure to complete this section may result in the rejection of Financial Assistance:

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**Is your current financial situation temporary? Yes or No**

**Explain:** \_\_\_\_\_

**How many people are in your household?** \_\_\_\_\_ (this includes all children, adults and adult children living in the household)

**Estimated gross family income for current year: \$** \_\_\_\_\_

**Adjusted Gross Income from most recent tax return (Form 1040, line 37): \$** \_\_\_\_\_

*Attach a signed copy of both parents' or guardians' Federal tax Form 1040 or similar form, supporting schedules, exhibits and other forms are not required, unless otherwise requested. Please explain in writing any difference between estimated incomes this year and AGI from previous tax return.*

**I agree to provide the mandatory volunteer hours 10 hrs/year to the Club.**

**Terms of HAWAII HEAT FC Financial Aid Policy**

The HAWAII HEAT FC Financial Aid Committee meets as needed to process applications. HAWAII HEAT FC reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Partial aid may be awarded based on the decision by the HAWAII HEAT FC Financial aid committee.

I (we) the applicant have read and agree to the terms of HAWAII HEAT FC Financial Aid policy and any requirements outlined on this application. I (we) hereby certify that all of the above information is true and correct. I understand that false statements on this application shall be considered sufficient cause for disqualification from funding assistance. I understand that this information is being provided as a method to assist Hawaii Heat FC/FAC in determining the level of financial assistance that may be awarded toward player fees. I authorize the representatives of Hawaii Heat FC/FAC to discuss this application and my individual and/or household information that may relate to my application for financial assistance in an effort to make a determination of what financial assistance may be granted and/or track payments against an established payment plan.

I understand that failure to complete my commitments including not timely paying my club fees not covered by the Financial Aid may result in me being required to pay back the financial aid, and being denied financial aid in the current and/or next season and/or the suspension of participation in club practices, games and activities. I understand that I may be asked to provide supporting documentation, such as payroll stubs, tax returns, Public Assistance documentation, child support and or alimony receipts. I (we) agree to answer questions and supply any additional information that the HAWAII HEAT FC Financial Aid Committee requests.

I (we) hereby request financial aid from the Hawaii Heat FC Soccer Club:

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|                           |            |      |
|---------------------------|------------|------|
| Mother/Guardian Signature | Print Name | Date |
|---------------------------|------------|------|

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|                           |            |      |
|---------------------------|------------|------|
| Father/Guardian Signature | Print Name | Date |
|---------------------------|------------|------|

**Submit the following to address listed below:**

- 1) Your signed and completed application
- 2) The first 2 pages of your 2020 filed federal tax return & 1099s

Hawaii Heat FC  
P.O. Box 10056  
Honolulu, HI 96816  
Attention: FAC

All information provided with this application will be held in the highest confidence.

Please direct any questions to [hawaiiheatfc@gmail.com](mailto:hawaiiheatfc@gmail.com)

**FOR HI HEAT FC FINANCIAL AID COMMITTEE ONLY**

Date Application Received \_\_\_\_\_ Approved For \$ \_\_\_\_\_  
Denied, Reason: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name \_\_\_\_\_  
Signature: \_\_\_\_\_ Print Name \_\_\_\_\_  
Date Review Completed: \_\_\_\_\_ Family Informed of Result on – Date: \_\_\_\_\_  
Method: Phone Call/E-Mail/US Mail / In Person \_\_\_\_\_  
By: \_\_\_\_\_ Date: \_\_\_\_\_