

## **ATHLETE FINANCIAL AID POLICY**

Queen City United Soccer Club www.qcsoccer.ca

Last Revision: May 17, 2021



This policy applies to athletes in Queen City United Soccer Club's (QC) Competitive and Excellence Streams.

Subject to the availability of funds, QC shall offer financial aid for program registration fees to those members who demonstrate financial hardship. The decision to make any award, the amount thereof, and the beneficiaries shall be made on a defined set of decision factors that are consistently applied under the circumstances. Notwithstanding the forgoing, all award decisions are made at the sole discretion of the QC Financial Aid Committee consisting of two (2) staff and one (1) board member. The application information will be kept confidential within the QC Financial Aid Committee and QC staff members responsible for member accounts.

Applications – Completed applications can be delivered to the QC Facility, located at 1560A McDonald Street, Regina, Saskatchewan; Attn: Hugh Dooley, General Manager or emailed to <a href="https://hugh@qcsoccer.ca">hugh@qcsoccer.ca</a>. Incomplete applications may result in disqualification. Applicants must be registered QC members and have paid a deposit of \$150.00 or have completed an application for additional funding through KidSport (applicants may be requested to provide proof of application).

Award decisions will be made on a rolling basis as the applications are received but must be submitted two weeks before the start of each season. Applicants must reapply every new season to be considered. Applications received first may receive preferential consideration based on the availability of funds.

**Eligibility** – Any QC member is eligible to apply for financial aid; however, there is a finite pool of funding meant to support families in lower gross income situations. Various factors such as unemployment or other financial hardships may also be considered by the Financial Aid Committee.

Amount of Aid Award – The Board shall determine the amount of financial aid available for a season; however, there is no obligation to award all/any of the funding. Based on the amount of the funding and the number of requests for financial aid, awards will be made on a sliding scale based on verified household income. The maximum amount of an award to an individual shall not exceed the total fee for the program less the \$150.00 deposit for each season or the amount of funding obtained through external financial aid programs.

Application Process - Applications for financial aid are available online and must be completed and returned to QC at least two weeks before the start of a season. A signed copy of the most recent Canada Revenue Agency Notice of Assessment (or applicable form) for each parent/guardian/caregiver of the applicant (supporting schedules and attachments are not required unless requested) must be filed with the financial aid application. Any remaining QC registration fees must be paid in full on a timely basis for the athlete to be eligible to participate on a QC team. Applications will be evaluated by the QC Financial Aid Committee. The Committee shall present the proposed aid awards to the Director of Club Operations and the Board for approval. Notification of aid award decisions shall be sent via email to each applicant.

**Questions** – Questions about athlete financial aid awards may be emailed to Hugh Dooley, General Manager at hugh@qcsoccer.ca.

Policy Approved: May 17, 2021



## **Athlete Financial Aid Application**

Athlete's name:		Athlete's Birth date: Stream: Excellence						
Athlete's gender:	St					titive		
Age Group (please circle): U11	B U11G	U13B	U13G	U15B	U15G	U18B	U18G	
Parents/Guardian/Caregiver's n	ames:							
Home address:								
Email address:								
Estimated gross family income f	or current y	ear: \$						
Total household income from m 150): \$		ax return	(Canada	Revenue	Agency	Notice of	Assessn	nent, line
Attach a signed copy of both parents' most requested.	t recent CRA Not	ice of Assess	ment or sim	nilar form, su	upporting sc	hedules not	required u	nless otherwise
Employer/position/years of serv	vice for:							
Parent/Guardian/Caregiver 1: _								
Parent/Guardian/Caregiver 2: _								



to family situation, household income levels, employment status, or other financial hardship):
I have read the Athlete Financial Aid Policy and understand that QC registration fees must be paid in full on timely basis for my child to be eligible to play for a QC team. I confirm that the information provided herein true and correct. I understand the QC Financial Aid Committee may request additional information in consideration of this application.
Agreed to by parent/guardian/caregiver (sign):
Name (print):
Date: