

Hotspurs USA Financial Aid Agreement



As the recipient of Hotspurs USA Financial Aid for the 2019-2020 Season, I agree to the following terms:

- My son/daughter will attend all games, practices and club training sessions. If my son/daughter cannot be in attendance, I will notify the coach, in advance, to explain the reason for the absence.
- My son/daughter will be committed to Hotspurs USA for the entire 2019-2020 season, and will not transfer to any other Club or Team. The transfer to another Club or Team, will result in my son/daughter losing his/her Financial Aid and will require the full payment of the entire Hotspurs USA club fees for the year.
- I will repay Hotspurs USA by volunteering as assigned by the Board of Directors. A list of volunteer opportunities will be available from the Financial Aid coordinator and will be publicized periodically via Club email communications.
- I will assist the Club tournament committee at the Hotspurs USA Cup and/or the Hotspurs Labor Day Tournament, in any capacity deemed necessary, recognizing that the Tournaments are the main Club fundraisers and pay for my Financial Aid.

I understand failure to comply will result in a loss of my Financial Aid.

The submitted Financial Aid form including coaches' approval and signature, will be reviewed for consideration only when all supported documents are provided. Documents needed to support application:

- *A letter must be attached to this Form, stating the reason for the requested Financial Aid above.*
- *Proof of income from most recent Tax Returns (both Father and Mother) or other document to prove need.*
- *Completed Financial Aid application must be received no later than May 1st for U8 through U14 and July 1st for U15 through U19*

**Financial Aids requests are approved in the order they are received until funds are no longer available.
Mail to: Hotspurs USA, PO Box 2357, El Cajon, CA 92021. (Attention Board of Directors)**

Financial Aid AMOUNT & VOLUNTEER HOURS REQUIRED (please check one)

- \$150 Financial Aid (10 Hours Required)
 \$250 Financial Aid (20 Hours Required)
 Other amount _____ (Hours TBD)

Team/ Year/ Gender (circle what applies) G or B U _____ Year player was born _____

Player's Name _____ Parent's Phone (Home) _____ (Cell) _____

Parent's Email Address _____

Have you ever received Financial Aid from Hotspurs USA in the past? (Yes ___) or (No ___)

With my signature, I agree to all of the aforementioned terms. If I fail to comply in any way with the aforementioned terms, I understand that my Financial Aid can be terminated at Hotspurs USA's sole discretion.

Parent Name (printed) _____ Parent Signature _____

Player's Name (printed) _____ Player's Signature _____

Team Coach Name (printed) _____ Team Coach Signature _____

Club Representative Signature _____ Date _____