



## Berkeley Soccer Association Sunshine Hardship Application

Berkeley Soccer Association is committed to assisting players with financial hardships participate in the Berkeley Soccer program. Registration fees may be granted to children who without this financial assistance would not be able to participate. The Sunshine fund only covers the cost of the registration fee and is not available for any additional costs (uniforms, equipment, tournaments, etc).

### To Request assistance from the Sunshine Fund

1. Complete the following application
2. Submit **copies** of the following documents with the application:
  - a. Page 1 and 2 of your most recent 1040 Federal Tax return
  - b. Two most recent pay/unemployment check stubs
  - c. Any additional financial documentation that demonstrates a need for financial assistance

**PLEASE WHITE OUT ALL SOCIAL SECURITY NUMBERS. ALL INFORMATION PROVIDED WITH THIS APPLICATION WILL BE HELD IN THE HIGHEST CONFIDENCE.**

3. Return all of the above materials along with this application to:

Berkeley Soccer Association  
PO Box 246  
Bayville, NJ 08721

Documents can also be scanned and emailed to:

[Registrar@BerkeleySoccer.com](mailto:Registrar@BerkeleySoccer.com)

### Processing your application:

1. Applications will not be processed until all of the information has been submitted.
2. Completed applications will be submitted to the Berkeley Soccer Association Executive Board for approval with all names and identifying information redacted.
3. You will be notified by email of the Boards decision. Decisions are final.
4. Please allow a minimum of four weeks for processing.

PLAYER INFORMATION

CHILD #1 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CHILD #2 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CHILD #3 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN INFORMATION

PARENT GUARDIAN #1

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE (HOME): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

PARENT/GUARDIAN #2

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE (HOME): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

PLEASE LIST THE PEOPLE IN YOUR HOUSEHOLD

GROSS MONTHLY INCOME VERIFICATION

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

HOUSEHOLD WAGES \$ \_\_\_\_\_  
SOCIAL SERVICES ASSISTANCE \$ \_\_\_\_\_  
CHILD SUPPORT \$ \_\_\_\_\_  
SOCIAL SECURITY \$ \_\_\_\_\_  
UNEMPLOYMENT \$ \_\_\_\_\_  
OTHER INCOME \$ \_\_\_\_\_

Please Briefly Describe why you need assistance from the Sunshine Fund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals must reapply yearly. No guarantee of assistance is implied with this application. Assistance will be granted on the basis of financial need and when funds are available. Berkeley Soccer Association reserves the right to change, amend or discontinue the Sunshine program at any time.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform Berkeley Soccer Association immediately of any change in my income or dependent status. I understand that providing false or misleading information will result in the termination of my application and any assistance awarded.

\_\_\_\_\_  
Signature and date of applicant