



Mount Hamilton United Soccer Club

MHUSC Financial Assistance Request Form

Policy Type: Financial Assistance

Author: Carl Horton

Approver: MHUSC Board of Directors

Approval Date: January 13, 2025

Purpose: The purpose of this policy is to provide financial assistance to eligible families to ensure that all participants have the opportunity to participate in soccer, regardless of their financial situation. MHUSC has several options to support our membership. Please see these options below:

The fee assistance program is limited to residents of the City of Hamilton and is restricted to the club registration fees only. Applicants are eligible for up to 50% annually for all soccer programs while the budget is available. MHUSC has a budget of \$10,000 available annually.

Parent or Guardian Information:

| | | | |
|------------|--|-----------|--|
| First Name | | Last Name | |
| Address | | | |
| City | | Post Code | |
| Email | | Phone # | |

Participants Information:

| First Name | Last Name | Year of Birth | Program | Cost of Program (\$) |
|------------|-----------|---------------|---------|----------------------|
| | | | | |
| | | | | |

| | |
|--|--|
| Number of persons in your Household | |
| Number of Persons in your Household over 18 years of age | |

Proof of Income (Mandatory):

| Please provide the following documents plus any additional documents that support your request: | Documents received? |
|--|---------------------|
| Proof of Income (Most recent tax return, pay stubs or a letter from your current employer) | |
| Proof of expense recent utility bills, rent/mortgage statement or other relevant financial obligations | |
| Additional Supporting documents that can help demonstrate financial need | |

| | | | |
|--------------------------|--|-------|--|
| Applicant Signature: | | Date: | |
| Date received in office: | | By: | |
| Final Decision: | | Date | |
| Approved by: | | | |