

Team **402**  
FINANCIAL ASSISTANCE PROGRAM

Training with 402 Development Academy is a privilege. We've established several pathways to make that privilege accessible to everyone. Local volunteers and philanthropists, combined with a viable charitable business model, allow Team 402 to provide financial assistance to families in need. It is important to understand that not all requests for aid can be fulfilled. To distribute available funds fairly, this application is in-depth and requires supporting documentation.

The award of financial assistance carries the obligation to remain with 402 Development Academy for the entire soccer year. Players may not dual-roster with another club while receiving financial assistance from 402 Development Academy. A committee that represents 402 Development Academy administration, Team 402 Board Members, and club families is responsible for the review of applications and award of financial assistance, based on need and the amount of funds available.

**Athlete Eligibility:**

1. You must be willing to discuss personal financial matters with a committee member.
2. Priority will be given to families who volunteer to help our charity and take advantage of all fundraising opportunities provided.
3. Families must be willing to submit their completed application form, copies of their most recent pay stubs for all working adults in the household, and their most recent Federal tax return (black out all Social Security Numbers). If you do not file Federal Income Tax, contact the Internal Revenue Service by calling 800-829-8374 to request a letter of verification of non-filing and submit that with this application.

Financial aid funds are limited. Financial aid is awarded on a first-come, first-served basis and is reviewed annually in conjunction with team formation timelines. This form can only be submitted and reviewed if an athlete receives an invitation to join a team. Every family is required to make a commitment fee deposit. The cost of the 402DA competition kit and travel expenses are outside of player fees, so families must budget and pay for those expenses outside of any financial aid award.

Complete Financial Assistance Forms should be submitted directly to 402 Development Academy by dropping them by the front Fieldhouse office at 345 Speedway Circle to Mrs. Katey Jackson. Alternatively, forms can be submitted via e-mail at [katey.jackson@402da.org](mailto:katey.jackson@402da.org) or via USPS mail at :

402 Development Academy  
Attn : Financial Assistance Program  
PO Box 23075  
Lincoln, NE 68542



## 402 Development Academy FINANCIAL ASSISTANCE REQUEST FORM

Player Name : \_\_\_\_\_

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

# of seasons with 402DA : \_\_\_\_\_ # of siblings with 402DA : \_\_\_\_\_

*\*to apply for financial assistance for additional children, attach this form and fill in the top three lines for each child*

Parent / Guardian Name(s) : \_\_\_\_\_

Parent / Guardian Address : \_\_\_\_\_ City : \_\_\_\_\_

Parent / Guardian Phone Number : \_\_\_\_\_

Parent / Guardian E-mail Address : \_\_\_\_\_

Outside of the information provided on this form, copies of the most recent pay stubs for all working adults in your household, and your most recent Federal tax return, is there anything else we should know about your ability to pay player fees? If yes, please share that here.

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*Financial assistance is necessary for my child(ren) to participate in 402DA activities. I certify and affirm that the submitted information is true and complete to the best of my knowledge. I understand incomplete and / or false information will jeopardize eligibility for player fee assistance. I have read the Financial Assistance Program description and understand there is no guarantee of assistance. I understand that 402DA, its officers, directors, coordinators, coaches, and volunteers make no promise or assurance of financial assistance. I understand the amount granted is subject to funds available and the family's ability to pay. In consideration of financial assistance to my player, I agree to participate as a volunteer for 402DA as needed.*

Parent / Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Printed Name of Person Who Filled Out Application : \_\_\_\_\_

Phone Number of Person Who Filled Out Application : \_\_\_\_\_