

**Richmond United**  
**FINANCIAL ASSISTANCE APPLICATION**

Dear Parent/Guardian,

Richmond United is organization that strives to provide a quality soccer program to all team members. We are pleased to be able to offer both full and partial financial assistance for those that qualify. Financial Assistance is made possible through the generosity of friends who support our organization.

To apply for financial assistance, you will need to do the following:

1. Complete the enclosed application with current and accurate information.
2. Enclose one of the following personal financial documents that reflects your current income:
  - A copy of **last year's signed tax return AND your last two pay stubs**
  - OR a copy of most current social security or disability check stub AND tax return
  - OR a copy of most current unemployment pay stub AND tax return
3. Secure all information with this application (including Letter of Intent and Volunteer Form) and return it to **Rob Ukrop Richmond United 2001 Maywill Street, Suite 203, Richmond, VA 23230**
4. If you have extenuating situations that must be explained, please outline them in a letter including cost of expenses (etc.) Example: Medical bills, loss of employment, etc.

Applications will not be considered unless all requested documentation is submitted. **You may pre apply for financial assistance prior to your child being selected to a team.** Once you have received notification on the status of your request, you will be 100 percent responsible for any monies owed over the grant. A player will not be deemed eligible to participate until payment is made if money is owed. **Financial assistance does not cover any uniform fees nor travel expenses.**

Please feel comfortable that all financial information received by this office is held in strictest confidence. Please allow ten (10) business days for your application to be processed. After this period, you will be contacted as to the status of your application, to set up an appointment, or to gather additional information.

Sincerely,

Rob Ukrop  
Richmond United  
Rukrop@richmondutd.com  
804.467.7070

Please print all information clearly. Attach additional sheets as necessary.

**Part 1:**

Player's Name: \_\_\_\_\_ Team: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone : (\_\_\_\_) \_\_\_\_\_ Evening Phone : (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

List full names and ages of all dependents in the household:

Full Name	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Part 2:** (Must be completed by both parents)

**Declaration of Income:**

Please include all steady forms of income you/your household receive(s) including current job, unemployment, retirement, social security, disability, child support and alimony.

	Father/Stepfather	Mother/Stepmother
Employer	_____	_____
Monthly Salary	_____	_____
Unemployment	_____	_____
Retirement	_____	_____
Social Security	_____	_____
Disability	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Other (_____)	_____	_____
Other (_____)	_____	_____
<b>Total MONTHLY Income</b>	_____	_____

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**Part 3:**

What dollar amount do you feel you can afford to pay? \_\_\_\_\_

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**Part 4**

Everyone providing information on this form must sign below.

**I/We understand that we must fulfill the volunteer hours assigned in return for receiving this award. If our child receives a partial scholarship we understand that the hours of club service will be prorated accordingly.**

Father's (Stepfather's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's (Stepmother's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be returned to the RKYSC office. Please mark envelope "PERSONAL & CONFIDENTIAL".**

To: Rob Ukrop, Richmond United  
C/O Financial Assistance  
2001 Maywill Street, Suite 203  
Richmond, Virginia 23230

All submitted information will be reviewed by the Financial Assistance Committee and will be held in the strictest confidence.

## Richmond United

### Letter of Intent

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ am filing this letter in conjunction with my financial assistance package. I understand that the execution of this letter confirms my/our intent to participate on Richmond United for the \_\_\_\_\_ / \_\_\_\_\_ (*fill in the year*) soccer year.

I understand that by executing this letter of intent, I must abide by the following:

- My child will not participate in the tryout process for any other club located within the Richmond metropolitan area during the above season.
- My child will not accept any offer to transfer to another soccer club located within the Richmond metropolitan area during the above season.

If I/we fail to abide by the above stipulations, it is my/our understanding that I/we will forfeit the right to any financial assistance in the future with the Richmond United or any of its affiliated programs. All deposits and payments will be paid immediately upon invoicing.

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Signature and Date

#### **VOLUNTEER OPPORTUNITIES**

Please check any and all that you would be interested in:

**In-Office, Richmond United (Administrative)** \_\_\_\_\_ Volunteering hours to work at the Richmond United office. Duties include assisting with registration, data entry, uniform ordering & fulfillment and team administration.

**Community Outreach Programs** \_\_\_\_\_ Volunteering hours to work at the Richmond United office and various sites. Duties would include sorting and filing registration forms, packaging uniforms, forming team rosters and distributing advertising literature to various locations. There will also be opportunities to volunteer as a mentor for children through our Richmond United clinics.