



James Island Youth Soccer Club & Lowcountry United Soccer Academy Financial Assistance Application

Fall 2025/Spring 2026 - Junior Academy & Academy Program

This application pertains to James Island Youth Soccer Club and Lowcountry United Soccer Academy and will hence forth be referred to as (the “Club”). It is the policy of the club to provide soccer opportunities for all youth regardless of the ability to pay to the extent there are Financial Assistance Funds available. The club is an equal opportunity organization. It forbids discrimination based on race, religion, sex, nationality, age, and health needs.

Procedure for Filing

1. Parents/legal guardians must complete the entire Financial Assistance Application.
2. The child/player must be listed as a dependent on the 2024 Federal 1040 Tax Form or proof of guardianship must be provided.
3. Verification of income – REQUIRED (from BOTH parents):
 - a. Copy of 2024 Federal 1040 Tax Form with copies of most recent W-2 forms (or 2023 plus 2024 extension) **AND**
 - b. If employed, copies of 2 paycheck stubs for wages received within the last 60 days.
4. The \$25 Financial Assistance Application Fee (per player – maximum of \$50 per family) has been waived for the Fall 2024/Spring 2025 season.
5. Application will not be reviewed unless all information is completed, and proper documentation is submitted.
6. Application and verification of income is due by May 24, 2025.
7. Questions regarding our Financial Assistance program should be emailed to treasurer@jiysc.org.

Once the application is reviewed, a representative from the committee will discuss any future payments needed and a contract will be signed.

Qualifications and Conditions

1. Family members and/or players are required to assist the club in various activities serving as volunteers as a requirement to receive financial assistance. The requirements and volunteer opportunities will be discussed with the notification of financial assistance.
2. Family members are required to sign a contract concerning remaining payments and volunteer requirements.
3. There must be a true, verifiable financial need.
4. The Financial Aid Committee will make aid decisions by June 2, 2025th and notify the applicant. All decisions of the Financial Assistance Committee are FINAL.
5. Information in this application is considered to be confidential by the club Financial Assistance Committee, Board of Directors, and the applicant making the request.
6. The Club does not offer financial assistance for team fees or uniform purchases, and recipients must stay current with team fees in order to remain in good standing.
7. Recipients receiving partial financial assistance **MUST** stay current with the agreed payment plan to retain good standing status.
8. Any recipient not current on the payment plan or team fees may be subject to loss of financial assistance for the remainder of the current year and/or future years and payment in full may be required before the player can participate in Club practices/games or other functions.
9. The Club **MUST** be notified if your financial circumstances change. Recipient **MUST** request reevaluation on if financial circumstances change.
10. The Club awards financial assistance on a sliding scale based on the Federal Poverty Level published annually by the U.S. Department of Health & Human Services (<https://aspe.hhs.gov/>)



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Contact Information

Parent 1 Name: _____

Parent 1 Address: _____

Parent 1 Phone: _____ Parent 1 email: _____

Parent 2 Name: _____

Parent 2 Address: _____

Parent 2 Phone: _____ Parent 2 email: _____

Player 1 Name as it appears on Birth Certificate: _____

Jr. Academy or Select Program, Age Group/Team: _____

DOB: _____ Sex: M or F

Player lives with: Father (___) Mother (___) both (___) Other Guardian (___)

Name of Other _____

Player 2 Name as it appears on Birth Certificate _____

Jr. Academy or Select, Age Group/Team _____

DOB: _____ Sex: M or F

Player lives with: Father (___) Mother (___) both (___) Other Guardian (___)

Name of Other _____

Player 3 Name as it appears on Birth

Certificate _____ Jr. Academy or Select, Age

Group/Team _____

DOB: _____ Sex: M or F

Player lives with: Father (___) Mother (___) both (___) Other Guardian (___)

Name of Other _____



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Financial Information

All information you provide to us will be held in strict confidence. If separated or divorced, we MUST receive an information form from each parent.

Applicant Name _____

Are you currently employed? Yes _____ No _____ If Yes, Full-Time or Part-Time? FT ____ PT ____

Employer's Name _____

Address _____

Position Held _____ Length of me with Company _____

Is your spouse/significant other employed? Yes ____ No ____ If Yes, Full-Time or Part-Time? FT ____ PT ____

Employer's Name _____

Address _____

Position Held _____ Length of me with Company _____

Do you have any additional income not listed on the required 2024 Federal 1040 Tax form, including child support? No ____ Yes ____ If yes, please list Type and amount:

Are you or your spouse an active member of the Military? No _____ Yes _____ If yes, list details:

Are you currently receiving Federal or State Aid? No _____ Yes _____ Please list (i.e. Food Stamps, Medical Aid, etc.): _____



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If the child/player is not listed as a dependent on the required 2024 Federal 1040 Tax Form, please explain why:

Please explain why the parent/applicant should be considered for Financial Assistance and explain any special circumstances to be considered:

Have you received Financial Assistance from the Club before? No _____ Yes _____

If yes, please list each season received: _____



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1. Upon the acceptance of Financial Assistance, the parent/applicant agrees to assist James Island Youth Soccer Club and/or Lowcountry United Soccer Academy with fundraising or other club functions.
2. All parents/players are required to fulfill 4 volunteer hours per season (8 hours per year) during the JIYSC tournament(s) and events.
3. The parent/applicant fully understands that should their employment or financial situation change, the Club must be notified of such change.
4. The parent/applicant agrees that regardless of whether financial assistance is granted or not, they will pay all Club Fees due for the Junior Academy or Select Program.
5. **The parent/applicant is aware that Team Fees are the responsibility of the parent/player and that Team Fees and/or Club Fees must stay current for the player to retain good standing status.**

By my signature below I understand that information obtained in this application for Financial Assistance will be used only in determining eligible candidates for Financial Assistance and will not be released.

Parent/Applicant Signature: _____ **Date:** _____

Print Name: _____