

Saddleback Valley Pop Warner Football and Cheer, Inc.



Financial Assistance Application

Name of Applicant: _____

Applying for Participant Name(s): _____ Division: _____

Address: _____

Best **phone** to use for contact: _____ cell / home / work (circle one)

Best **email** to use for contact: _____

- ❖ I am applying for 2024 Saddleback Valley Pop Warner Financial Assistance. I do understand that this assistance is for registration fees only. I am still required to provide all other team related fees/items (including, but not limited to - all practice-wear and uniform required gear).
- ❖ I understand that financial funds are limited; therefore, assistance may or may not be awarded to my eligible participant(s).
- ❖ I understand that I am required to complete the total of 10 service hours during the 2024 SVPW season as a reimbursement for financial assistance. This commitment is above and beyond the team required volunteer time and assignments. I understand that I will provide these hours of service as required under the direction of the SVPW Board of Directors.

Furthermore, by signing this agreement, I do also acknowledge that failure to comply with the terms and conditions of this agreement or failure to provide the required service hours will forfeit all financial assistance for the 2024 Season, and my child/children may be removed from the Program.

Applicant Signature: _____ Date: _____

SVPW will not make public – either verbally or in writing, the fact that a specific child is/was an applicant and/or recipient of financial aid. I also understand that it will be necessary for team personnel such as Head Coach and Team Mom to be aware of my status due to the commitment to fulfill such service hours.

SVPW Treasurer Signature: _____ Date: _____

SVPW President Signature: _____ Date: _____

Saddleback Valley Pop Warner Football and Cheer, Inc.



Important Items of Note: Please initial each line item in the space provided

1. Participant(s) must meet all requirements of the SVPW program including proof of physical exam, academic standards (report card) and age/weight requirements.

Initial: _____

2. Participant(s) who withdraw from the 2024 Season for an unexcused reason or due to disciplinary actions (see SVPW League Agreement) at any time, will forfeit financial assistance awarded and be responsible to remit payment in full for registration fees.

Initial: _____

3. Failure to comply with the terms and conditions of the Financial Assistance Agreement by the applicant will result in SVPW retraction of financial assistance awarded and may participant(s) will be removed from the SV Program.

Initial: _____

Please provide an explanation as to why you require Financial Aid for your child to participate in SVPW:

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Financial Assistance Guidelines

The purpose of the Financial Assistance Program is to provide partial financial assistance for Saddleback Valley Pop Warner registration expenses to participant families in the Saddleback Valley area who wish to participate in the SVPW football and cheerleading program. This is made possible through annual fundraising campaigns throughout the Season.

- ❖ An applicant shall submit a completed Financial Assistance Application by May 31st, 2024 with complete documents such as:
 - Provide proof of Saddleback Valley Pop Warner city limits residency such as utility bill or lease agreement dated within the last 60-days.
 - Provide an explanation/reason for the request for financial assistance, see space provided
 - Be prepared to provide upon request proof of financial documents per the direction of SVPW Board of Directors

- ❖ Incomplete applications will not be considered.

Here are the qualifications to apply: You must meet a minimum of one (1) to apply.

- 1.) Your child, or dependent, must meet the requirements of, and be enrolled in, the California State School Lunch Program.
- 2.) You will be registering two participants and you need to request a 25% discount on the 2nd child.
- 3.) You are from a family with a combined annual gross income as set forth in the guidelines below.

Household Size	Income Eligibility Guidelines				
	Year	Month	Twice Per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
Each Additional Member Add	\$7,511	\$626	\$313	\$289	\$145

These guidelines were collected from the Saddleback Valley Unified School District website and are the standard that our local Community uses for eligibility to special financially-needed based programs in the School District.