



Vancouver Whitecaps FC Financial Assistance Application Form

On behalf of an Individual Athlete

The Whitecaps FC commitment is to promote the sport of soccer in BC, as well as investing in communities and ensuring that all youth have access to soccer-related activities. As part of this commitment, the Whitecaps FC provides assistance to athletes whose families cannot afford some or all of the Whitecaps development program registration fees, and would otherwise not be able to participate. Application requests must pertain to program registration fees and not equipment.

An Adult Sponsor (parent, guardian, Councilor, Coach, Friend) must initiate the application on behalf of the child. The Adult sponsor must then obtain an adjudicator to complete the application. This is the most important step of the application. An adjudicator is someone who is familiar with the applicant's financial situation and their signature will verify the family's need for the financial assistance. An adjudicator can be:

- A professional in social work or family services, a principal, councilor, recreation minister, or public health nurse.
- Adjudicators other than those listed above may be considered if a written letter from the potential adjudicator
- Outlining the financial need of the family is included with the registration.
- Family members, coaches, registrars or directors of clubs or leagues are not accepted as adjudicators.

Please complete the following application.

The adult sponsor completes sections 1 to 3 and then passes it on to the Adjudicator who completes section 4. It is the responsibility of the adjudicator to forward the application on to the Whitecaps for consideration.

1. Athlete Recipient

First N: _____ Last N: _____ Sex: M F
Age ___ Month ___ Day ___ Year ___ H. Phone: _____ e-mail: _____
Address _____ City _____ Postal _____

2. Whitecaps Youth Program

Program Details and dates: _____
Cost of Registration for the particular program \$ _____ Grant Request \$ _____

3. Adult Sponsor

Name: _____ Relationship to athlete: _____
H. Phone: _____ W. Phone: _____ e-mail: _____
Address _____ City _____ Postal _____

I agree to my best of Knowledge that the information above is accurate.

Signature of Adult Sponsor: _____ **Date** _____

4. Adjudicator

Name: _____ Position _____
Organization: _____ W. Phone: _____ e-mail: _____
Address _____ City _____ Postal _____

I have read and understand the guidelines of the Whitecaps Athlete assistance program, and agree that this applicant meets those guidelines. I believe this family has a financial need, and assistance from the Whitecaps would allow this youth to participate in the applied for program. I agree to participate in a telephone follow-up if required.

Signature of Adjudicator: _____ **Date** _____