



Martha's Vineyard United
P.O. Box 945
Vineyard Haven, MA. 02568
www.mvunited.org

Fee Reduction Policy & Application

Martha's Vineyard United (MVU) is a not for profit organization run by volunteers and operating for the benefit of providing soccer to the youth of Martha's Vineyard. MVU is committed to ensuring that children seeking to play soccer will not be prevented from doing so by financial hardship. Our program does not want to turn away any player because his/her family lacks the financial means to pay. With that said, the program attempts to sustain its operations through registration fees and fundraising and manage its expenses in a fiscally responsible nature. As such and in order to maintain our financial viability, we cannot guarantee any quantity of fee reductions.

When possible, MVU would like to offer fee reductions to those families who demonstrate true financial need. In order to request a fee reduction, please complete the below information and either email (to: treasurer@mvunited.org) or mail to the league at Martha's Vineyard United, PO Box 945, Vineyard Haven, MA 02568. Applications will be reviewed by the Executive Officers only and will be kept strictly confidential.

Decisions will be communicated within one week of the registration deadline.

It is a requirement of receiving any fee reduction that a parent or guardian (or player if U14 and older) will volunteer in some capacity during the next 6 months. Once a fee reduction has been approved we will contact you about volunteer opportunities using the contact information provided below. Should you not meet this requirement, the following year you will not be eligible for any fee reductions.

Requests for fee reductions **MUST** be received by the standard registration deadline (before registration closes and the period when late fees apply) in order to be considered.

Any fee due after fee reduction must be paid within one week of notification or else registration and fee reduction will be cancelled.



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DATE:

YOUR NAME:

YOUR EMAIL:

YOUR PHONE:

PLAYER NAME(S):

PLAYER AGE(S):

PLAYER(S) ADDRESS (CITY, STATE, ZIP):

AMOUNT OF FULL FEE FOR ALL PLAYERS:

FEE REDUCTION REQUESTED (FULL OR PARTIAL):

IF PARTIAL, AMOUNT ABLE TO PAY:

Number of adults in the home: _____ Number of children in the home: _____

Names & Ages of Children:

1. _____	Relationship: _____	Age: _____
2. _____	Relationship: _____	Age: _____
3. _____	Relationship: _____	Age: _____
4. _____	Relationship: _____	Age: _____
5. _____	Relationship: _____	Age: _____

Are you/spouse/guardian currently employed or self employed?

Employer(s): _____

Annual Family Gross Income: _____



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Please provide us with a detailed description of your financial hardship that is making it difficult for you to pay the full MVU registration fee.

By accepting this scholarship I understand I (or my son/daughter if U15 or older) am required to volunteer my time to MVYS in any other capacity in which volunteers may reasonably be needed. I understand that failure to do so may result in forfeiture of this assistance.

Date: _____

Parent or Legal Guardian Signature: _____