 

**Shaker Youth Soccer Association**

**Financial Aid Application**

Shaker Youth Soccer Association (SYSA) grants financial aid based on player/family need and our available funds, as outlined in the Financial Aid Policy. Please complete this application form so that we can fairly evaluate our various members’ needs. Also, please note that we offer payment plans spreading fees over several months should you not qualify for financial aid.

**PLAYER INFORMATION**

Player Name:      Date of Birth:      /     /

Street Address:      City:       State:      Zip:

Current School:       School at the time season/program starts:

Team (Program, gender, age - e.g., Travel GU12 Red):

Season Applying for (e.g., Fall & Spring, Spring Only, etc.):

Are you also requesting financial aid for uniforms? The uniform package costs roughly $150 for Competitive/Travel and most players are able to use the same uniform for 2-3 years (there is no charge for Recreation jersey): Yes[ ]  No[ ]

Are you also requesting financial aid for tournament fees (Competitive/Travel teams only)? Tournaments typically range from $40-$60 per player, 1 each fall and spring: Yes[ ]  No[ ]

Number of Years with SYSA:       Siblings playing with SYSA:

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN #1

Name:

Street Address:      City:      State:      Zip:

Phone (Primary):      Phone (Secondary):      Email:

Household size: Number of Adults (18 & over):      Number of Children (Under 18):

PARENT/GUARDIAN #2

Name:

Street Address:      City:      State:      Zip:

Phone (Primary):      Phone (Secondary):      Email:

Household size: Number of Adults (18 & over):      Number of Children (Under 18):

**PROOF OF FINANCIAL NEED**

**OPTION 1**

Do you or your child participate in any of the following programs?

* National School Lunch Program (NSLP)
* Housing Choice Voucher Program sponsored by the US Department of HUD (Section 8)
* Supplemental Nutrition Assistance Program (SNAP)

If YES, ***please attach appropriate documentation showing your participation in any these programs***.

If NO, see option 2 below.

**OPTION 2**

Please provide the following information for all parents/guardians:

Employer(s):

Years at Employer(s):

Combined Income:

***Please attach a copy of the first two pages of your tax return filed for the preceding year***. If not available, please attached your most recent tax return and your W-2’s, 1099’s, and other documentation of income for the preceding year. *Please cross out/hide all social security numbers on these forms.*

***Please describe extenuating circumstances causing financial need, and attach other supporting documents as needed***:

SYSA has limited funds available for financial aid. Your honesty in completing this application will ensure that these funds are allocated to those families most in need.

**EVERYTHING STATED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed):

Please email completed application, with pictures/scans of attachments, to: treasurer@shakeryouthsoccer.org

ALL INFORMATION PROVIDED WITH THIS APPLICATION WILL BE KEPT CONFIDENTIAL.