



# Shaker Youth Soccer Association

## Financial Aid Application



Shaker Youth Soccer Association (SYSA) and Beachwood Bison Soccer Academy (BBSA) grants financial aid based on player/family need and our available funds, as outlined in the Overview and Application Process listed on our website. Please complete this application form so that we can fairly evaluate our various members' needs.

### Player Information

Player Name			
Address			
Birthdate		Gender	
School		Grade	
# Years @ SYSA		# Siblings @ SYSA	
Program			
If Travel, Which team?			
If Camp/Clinic/Other, Please Specify			
Travel Jersey Assistance Needed?			
Travel Tournament Assistance Needed?			

### Parent 1 Info

Name			
Address			
Cell Phone		Work Phone	
Email			
Household Size		# Kids under 18	

### Parent 2 Info

Name			
Address			
Cell Phone		Work Phone	
Email			
Household Size		# Kids under 18	



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## **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 include 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 include a copy of the first two pages of your tax return filed for the preceding year.*** If not available, please include 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:***



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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:

Name (printed):

Date:

**Please email completed application,  
with attachments/scans/photos, to:**

**[treasurer@shakeryouthsoccer.org](mailto:treasurer@shakeryouthsoccer.org)**

**ALL THE INFORMATION PROVIDED WITH THIS APPLICATION WILL BE KEPT  
CONFIDENTIAL.**