



## Financial Assistance Application

**Date:** \_\_\_\_\_

**Player Name:** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

### **Mission:**

All applications are reviewed by the WYSL Board members. Status will be determined and communicated within 45 days of receipt of the application. Applicants that are approved will be asked to volunteer in some capacity with the League during that season. Please indicate what areas you would like to volunteer in and the Board will try to accommodate your request. (List in order of preference 1-5, with 1 being first choice and 5 being last choice.)

**Field Maintenance:** \_\_\_\_\_ **Coaching:** \_\_\_\_\_

**Fundraising:** \_\_\_\_\_ **Special Events:** \_\_\_\_\_

**Administration:** \_\_\_\_\_

**In the space provided below please give us a brief explanation of what your need is for scholarship.**

Please complete the following information.

Will you commit to coming to practices and games while giving it your best effort?

Will you commit to helping the team when it comes to team duties, fundraisers and team sportsmanship?

**Player's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Parent/Guardian's Understanding**

Filling out a scholarship application does not guarantee that my child will be approved.

The WYSL will take all applications into consideration and will let applicants know their status as soon as possible. Scholarship dollars will depend on the following:

- Money in reserve for scholarships
- Number of soccer players applying for scholarships
- Financial needs of the family
- Family's commitment to supporting the WYSL and the soccer player's team
- Soccer player's commitment to the WYSL and their team

The WYSL is an equal opportunity organization. It forbids discrimination on the basis of race, religion, sex, nationality, age and health needs. If the application is declined, your payment will be refunded.

**Parents' Commitment**

I understand that if my child receives a scholarship that I will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. I will support the WYSL club by participating in fundraisers and club events whenever possible. Please list below the talents or interest you have that might be useful to the club or team.

It is the mission of the WYSL to provide financial assistance for players in need. An application for scholarship assistance is a certification that the above player will not be able to participate in the program without scholarship assistance due to the family's financial situation.

**Parent/Guardian's signature:**

**Date:** \_\_\_\_\_

Please submit the completed application **along with half of the registration fee** to:  
WYSL

**Financial Assistance Application (FAA)**  
**P.O. Box 20763, Worcester, MA 01602**

**Parent/Guardian's name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Number of children in household:** \_\_\_\_\_ **Household income:** \_\_\_\_\_

**Player's Understanding**

All applications will be reviewed in strict confidence by a panel of board members. Applicants will be notified in a timely manner of the review panel's decision.

It is extremely important that scholarship applications are handled timely. Remember turning in an application does not guarantee approval.

*Preference is given to applications submitted by February 1<sup>st</sup> for the Spring Season and July 1<sup>st</sup> for the Fall Season.*