

SYA Travel Soccer Financial Assistance form

All SYA Soccer travel players requesting financial assistance must complete this form. This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the SYA Scholarship Committee members. Return this application and verification of income documents along with the \$75 application fee. **All applications are due by July 15, 2010.**

Player's name: _____

Age Group: _____ Team: _____

Father's name: _____ Phone: _____

Address: _____ Email address: _____

Father's employer: _____ Gross monthly income: \$ _____

Mother's name: _____ Phone: _____

Address: _____ Email address: _____

Mother's employer: _____ Gross monthly income: \$ _____

Adjusted Gross Income from most recent tax return (Form 1040, line 37): \$ _____

Attach a signed copy of both parents' Federal tax Form 1040 or similar form, no supporting schedules or exhibits required.

How many people live in the household and are dependent upon this income? _____

Does this player have any siblings playing with SYA Soccer travel program?

Name: _____ Team: _____

Name: _____ Team: _____

Name: _____ Team: _____

How much per month can you afford to pay for each child to play soccer? \$ _____/mo

Please list any other information you wish the SYA Soccer to consider in evaluating this application (e.g., recent changes in family income levels, employment status, or other financial hardship): _____
