



# South San Jose YSL

## FINANCIAL AID APPLICATION (For Academy Fees)

South San Jose Youth Soccer League (SSJYL) grants Financial Aid based on need and available funds. Please complete this application form so that we can fairly evaluate our various members' needs.

### PLAYER INFORMATION

PLAYER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ST ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ SCHOOL IN UPCOMING FALL: \_\_\_\_\_

TEAM AGE GROUP, GENDER & NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

**PARENT/GUARDIAN #1 NAME:** \_\_\_\_\_

ST ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (MOBILE): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YEARS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ INCOME: \$ \_\_\_\_\_

**PARENT/GUARDIAN #2 NAME:** \_\_\_\_\_

ST ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ PHONE (MOBILE): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YEARS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ INCOME: \$ \_\_\_\_\_

Please list any other children in your family who are registered with the SSJYL:

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEAM AGE GROUP/GENDER: \_\_\_\_\_ COACH: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEAM AGE GROUP/GENDER: \_\_\_\_\_ COACH: \_\_\_\_\_

In the past year did your family receive financial aid from any of these programs?

- Free or reduced-price school lunch
- CalFresh Program (Food Stamps)
- Temporary Assistance for Needy Families (TANF)
- Financial aid for school or other sports organizations (please specify) \_\_\_\_\_

Registration payments can be made with monthly installments. If this still does not help your current financial situation, please briefly explain why you are requesting financial aid. Please add additional sheets if necessary.

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We ask members to support SSJYSL through volunteering. In which areas are you committed to help in the current season?

Referee      Field Work      Coach      Assistant Coach      Team Manager      Fund Raising

Other (please specify) \_\_\_\_\_

Did you volunteer with SSJYSL in the previous season? If yes, please provide details:      YES      NO

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Please complete this application in full and include the following documents:

- A copy of the first two pages of your most recent federal tax return
- W-2s and/or 1099s or other proof of income
- Any additional documentation that will demonstrate a need for financial aid

All information provided with this application will be held in the highest confidence. All supporting documents will be shredded once the amount of financial aid has been determined. Please white out any social security numbers. Please scan and e-mail this signed application and supporting documents to [registrar@ssjysl.org](mailto:registrar@ssjysl.org)

SSJYSL 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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_