



South San Jose YSL FINANCIAL AID APPLICATION

South San Jose Youth Soccer League (SSJYSL) 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 SSJYSL:

PLAYER'S NAME: _____ DATE OF BIRTH: ____/____/____

TEAM AGE GROUP/GENDER: _____ COACH: _____

PLAYER'S NAME: _____ DATE OF BIRTH: ____/____/____

TEAM AGE GROUP/GENDER: _____ COACH: _____

Level of Financial Aid requested: _____ (up to 50%)

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.

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

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

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: ____/____/____