

SYA Travel Soccer Financial Assistance Application

All SYA Soccer travel players requesting financial assistance must complete this application. Players on Red, White and Black level teams are eligible for financial assistance consideration. **The application 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 \$150 application fee. All applications are due by July 1, 2020. Mail to SYA Soccer, PO Box 471, Centreville, VA 20122 attention: Travel Soccer.

Player's name: _____

Age Group: _____ Team: _____

Father's name: _____ Phone: _____

Address: _____ Email: _____

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

Mother's name: _____ Phone: _____

Address: _____ Email: _____

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

Adjusted Gross Income from most recent tax return: \$ _____

MANDATORY: 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: _____

Did this player receive financial assistance from SYA last season? _____

MANDATORY TO ANSWER:

Your player's SYA travel club dues are \$1975-\$2075 for the year, depending on which team he/she is on. How much of that fee can you afford to pay?

\$ _____ **DO NOT LEAVE THIS BLANK**

Personal Financial Statement

AS OF (DATE): _____

Name: _____ Name: _____

Address: _____ Address: _____

(All amounts should be at estimated current fair market value)

ASSETS	LIABILITIES (outstanding balances)	Monthly Payments
Cash available -Banks	Credit cards payable	
Investments :		
Retirement accounts		
Real estate owned (home)	Mortgage owed on home	
Real estate owned - other	Mortgage owed on other	
Vehicles owned:	Loans on vehicles	
Business interest owned:	Other debts owed	
Other Assets of significant value		
TOTAL ASSETS	TOTAL LIABILITIES	

Additional information you may want to provide:

Signature of Parent: _____ Signature of Parent: _____

SYA financial assistance will not cover team expenses for tournaments, indoor league, etc...You will be responsible for paying team expenses for tournaments, indoor league, etc...Contact your coach or team manager regarding expected yearly team expenses.

An important factor we use to consider travel financial assistance applications is the family statement below. Please list DETAILED information you wish the SYA Soccer to consider in evaluating this application (e.g., recent changes in family income levels, employment status, living status or other financial hardship):

Checklist of items that are needed to be turned in with this application:

Applications will not be accepted without **all the following required verification of income. (as applicable)**

- Completed personal financial statement for both parents (included in this financial assistance application).
- Attach a copy of the past year's IRS 1040 for BOTH parents. (Income tax return) or Schedule C (self-employed income tax return).
- Attach copies of pay stubs or other income verification for all sources of income for at least one full current month.
- Attach verification of any government assistance you receive (if applicable).
- Include a check for \$150 with the application to be counted toward overall club dues

I have read and agree to all the conditions listed in the SYA Soccer financial assistance policy. I understand I will forfeit any scholarship awarded if I do not follow all the conditions listed in the SYA Soccer financial assistance policy and that late fees may apply if my co-payment is more than ten days overdue. I further understand that if a payment is deemed delinquent as a result of two late payments this year, I will not be able to apply for a scholarship next year.

- I understand that I will be responsible for all other team expenses not covered by the financial assistance.
- I understand that the player and family will be required to volunteer service hours for the club in order to receive financial assistance.
- I affirm that all the information given on this application is true and correct.

Player's father or guardian signature

Date

Player's mother or guardian signature

Date