



Worcester Youth Soccer League Financial Assistance Application

Player Name: _____ **Date:** _____
DOB _____ **Phone:** _____
Parent/Guardian: _____
Address: _____

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 severe family financial situations. 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.

Submit the completed application in a sealed envelope marked "Financial Assistance Application", **along with half of the registration fee** and mail to:

WYSL - PO Box 20763 - Worcester, Ma 01602

It is extremely important that scholarship applications are handled timely. Remember turning in an application does not guarantee approval. All applications are reviewed by the WYSL Board members. Status will be determined and communicated within 45 days of receipt of application. Preference is given to applications submitted by February 1st for the Spring Season and July 1st for the Fall Season.

Applicants that are approved will be asked to volunteer in some capacity for the league during that season. Please indicate what areas you would like to volunteer in and the Board will try to accommodate you 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: _____

On a separate page please provide a brief explanation of why you may need the scholarship.

Please complete the following information.

Parent/Guardian's name: _____
Occupation: _____
Phone number: _____
Children in household: _____ **Household income:** _____

Player's Understanding

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 scholarship dollars 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.

Parent/Guardian's signature: _____ **Date:** _____