



CONFIDENTIAL

**UCYSL
Application for Financial Aid**

Applications must be brought to registration and submitted with your final paperwork.

The amount of financial aid available is limited. Please fill out this form completely and ONLY request the amount you cannot pay. Submitting this form does not guarantee you will receive financial aid. Your application will be reviewed by the Board of Directors for final decision. 10 volunteer hours is a requirement once your financial aid application is accepted.

Player Name: _____ Team/Age Group: _____

Mother Name: _____ E-mail: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Father Name: _____ E-mail: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

List all children in your household and whether they are registered with UCYSL:

Name: _____ Age: _____ School: _____ UCYSL Player: Y or N

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How many years has your family been a member of UCYSL? _____

Did you receive financial aid last year? Yes or No

How much assistance towards your UCYSL fees are you requesting? \$ _____

Please state your reason(s) for requesting financial aid:

We hereby request financial aid from Union City Youth Soccer League.

Parent/Guardian Signature

Date

Board Use Only - Application Approval Yes or No

Amount Approved: \$ _____