Application for Individual Financial Assistance

Boylston Youth Soccer Association

The Boylston Youth Soccer Association (BYSA) will offer financial assistance for BYSA programs, to the extent possible, to financially challenged youth and their families. If you are unable to afford the full cost of any BYSA program, please complete the confidential application form below and return it, along with the required forms listed, to:

Charitable Giving Coordinator
Boylston Youth Soccer
PO Box 655
Boylston, MA 01505.

*Please note that this application is strictly intended for financial assistance toward fees associated with BYSA programs and may not be used as a request for any other form of charitable contribution.

To process an application, BYSA Sports **requires** that each applicant submit the following items (if available):

- A completed and signed Registration Form for the BYSA program.
- A Confidential Application for Financial Assistance
- A copy of most recent year's tax documentation (e.g. form 1040)
- A copy of current pay stub, social security check or disability check

To be considered, all required documentation **MUST** be received prior to the registration deadline for the requested program.

The Applicant will be notified of the outcome of the application by the Charitable Giving Coordinator within 30 (thirty) days after the receipt of all required documentation. If the application is approved, BYSA staff will register the player for the requested program.

BYSA program participants will need the following equipment: **soccer shoes, shin guards, and a soccer uniform.** The Financial Aid program does **NOT** cover the cost of these items. In many cases, however, we can assist families in acquiring some of the required equipment through donations of both new and used items.

Questions?
Contact the Charitable Giving Coordinator by e-mail at boylstonyouthsoccer@gmail.com

Note: Once approved, the player's registration is subject to the same terms and conditions as those not receiving financial aid.

Please complete the application below to help us evaluate your request.

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Parent/Guardian Information

Guardian Name:					
Address:					
Phone:					
Household Size:	# of Adults		# of Children		
Email:					
Employer:					
Employer Phone:					

Financial Information

What was your family's total gross income for last year? $_____._____

List gross monthly income from all sources

	Applicant	Spouse/Other
Wages/Salary	$	$
Child Support	$	$
Other*	$	$
Total Income	$	$
*Please list all other sources of income		

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General Information

Please explain why you would like to be considered for financial assistance through BYSA:

_____

_____

_____

_____

_____

_____

Verification

I certify that the above information is true and complete to the best of my knowledge and that I have enclosed with this application the mandatory copy of my most recent pay stub and last year's federal income tax form (1040 or other documentation):

Signed: _____ **Date:** _____

Conditions of Financial Assistance

Approval for BYSA financial assistance does not guarantee a right to continued participation. Applicants must re-apply each season. In addition, BYSA reserves the right to deny future financial aid requests if the participant and his/her family does not follow the General Conduct guidelines outlined in the associations By-laws.

I have read the above statement of conditions and my signature indicates my agreement to these terms:

Signed: _____ **Date:** _____

For BYSA Administrative Use Only:

Received By: _____ **Date:** _____

Comments: