

Confidential Financial Assistance Form

INSTRUCTION: If you are requesting financial assistance please email a completed copy of this form to ithaca.youth.soccer.academy@gmail.com or mail to Ithaca Youth Soccer Academy @ 84 Bruce Hill Rd, Spencer, NY 14882

IYSA strives to offer its soccer program to all interested youth regardless of income. Financial assistance in the form of partial/full discounts is available for those who qualify. Our ability to offer financial aid is limited per season so please request as early as possible. We try to provide a minimum of 10% of our total registration fees in financial aid. Our financial aid guideline are similar to that of the ICSD Free & Reduced Lunch program but If you do not qualify for free/reduced lunch and are still in need of assistance, please return a letter explaining your need for assistance along with this form. These submissions will be presented to the IYSA board for approval.

Note: Financial assistance is not automatically renewed each season. An application for assistance must be filled out seasonally.

PLEASE COMPLETE ALL DETAIL BELOW -

Parent/Guardian - Last Name:	First Name:		
Home Address (Street):			
City:	State:	Zip:	
Phone: ()	Email:		
Occupation/s:			
Employer/s:			
nnual Household Income (GROSS): \$ # of mem		mbers in household:	
Dependents – List only those for whom	you are applying for assistance.		
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Season requested (check one): Fall	Winter 1Winter 2 Spring	Year:	
Amount Due (Total amount due for all p	layers this season):		
Amount Requested in Financial Aid (A	mount you are requesting in aid this seas	son):	
Signature of parent/guardian: :		Date:	