



# WEST CONTRA COSTA YOUTH SOCCER LEAGUE FINANCIAL AID PROGRAM



The West Contra Costa Youth Soccer League has instituted a financial aid program available to players needing financial assistance in order to participate as an athlete and play Soccer. WCCYSL financial aid funding may only be applied to the WCCYSL Fall season registration fee and is limited to the approved budget. Please see second page for details.

APPLICATION DATE \_\_\_\_\_ TEAM (Age/Gender) \_\_\_\_\_  
PLAYER NAME \_\_\_\_\_  
PLAYER BIRTHDATE \_\_\_\_\_ AMOUNT REQUESTED \_\_\_\_\_

Please state your request in the following space (Continue on back of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information:** Parent/Guardian (s) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Income Information and Qualification:** The WCCYSL has determined that eligibility for financial aid will be based on the Federal Income Guidelines for Healthy Families Program. A copy of your Federal Tax Return may be requested.

**Family Size:** \_\_\_\_\_

**Annual Family Income:** \_\_\_\_\_

All other financial hardship requests must be submitted in writing to the WCCYSL Treasurer and will be reviewed by the WCCYSL Board.

In order to receive financial aid, you must agree to the following. Please initial in the box.

I will volunteer for club activities.

I agree to the commitment of competitive traveling soccer, including but not limited to, practices and tournaments. (FOR COMPETITIVE TEAMS ONLY)

I, the undersigned, hereby state all the above information to be true and correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

FINANCIAL AID AWARDED: NO

YES  Amount: \_\_\_\_\_ INT: \_\_\_\_\_



# WEST CONTRA COSTA YOUTH SOCCER LEAGUE FINANCIAL AID PROGRAM



1. Requests for financial aid must come from the player's parents or legal guardian. Players requesting financial aid must be playing U6 to U19 level soccer.
2. Eligibility is based upon the following criteria:
  - The Federal Income Guidelines for the Eligibility of the Healthy Families Program.
  - All other financial hardship requests must be submitted in writing to the Treasurer and will be reviewed by the WCCYSL Board.
3. A player's family may receive financial aid once per calendar year. Any financial aid given will be applied to the Fall Season Registration Fee. The player is responsible for all team fees including uniforms; tournament and additional training fees were applicable on competitive teams.
4. Acceptance into the WCCYSL financial aid program does not guarantee full payment of a player's registration fees. The WCCYSL has established a limited fund to assist players. Fee assistance award amounts will be based on the number of applicants and available funds.
5. If financial aid is awarded, the parent or legal guardian may be asked to volunteer.
  - Your name and contact number will be placed on the volunteer coordinators roster and you may be contacted to help the club where volunteers are needed.
  - If a player accepts financial aid they are expected to show commitment to their team and the league for the full fall season.
6. All financial aid requests will be held in the strictest of confidence by the WCCYSL Board of Directors. All requests shall be answered within one (1) board meeting cycle.
7. Financial aid awards must meet with the approval of the Board of Directors. All financial aid requests must be received by the April board meeting to be approved at that meeting. Any financial aid requests submitted after the April board meeting are subject to availability of funds and will be accepted on a case-by-case basis at the Board's discretion.
8. Financial aid recipients of competitive teams agree to the commitment of competitive traveling soccer, including but not limited to, practices and tournaments.
9. All completed financial aid requests should be mailed to the address below:

WCCYCL  
Treasurer  
PO BOX 216  
PINOLE, CA 94564