

**VIENNA YOUTH SOCCER INC.**  
**FINANCIAL AID REQUEST APPLICATION**

(All information about the family's identity is kept confidential. The circumstances of the request for financial aid will only be given to the 3-person Financial Aid Committee.)

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**(One application per child)**

2. Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Family Address:  
Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. School Child Attends: \_\_\_\_\_ Grade Level: \_\_\_\_\_

5. Is Parent(s)/Guardian(s) Employed?: Yes / No (please circle one) If not employed, is it by choice or are you unemployed due to loss of job, disability, or other reason? Please list reason. \_\_\_\_\_

If unemployed, for how long: \_\_\_\_\_

6. Does your child qualify for one or more public assistance programs? Please check all that apply.

_____ Free or Reduced Lunch	_____ General Relief
_____ Food Stamps	_____ Aid for Dependent Children (ADC)
_____ Foster Card	_____ Medicaid
_____ Social Security Income (SSI)	

7. Has your child ever received a registration waiver fee from VYS? Yes \_\_\_\_\_ No \_\_\_\_\_

8. List any other circumstances that may assist the Committee in approving request: \_\_\_\_\_

9. Which of the following are you requesting?

\_\_\_\_\_ Payment of House League Registration Fee

\_\_\_\_\_ Equipment Voucher for: (Circle what is needed) Shin Guards Soccer Socks Soccer Cleats

\_\_\_\_\_ Travel Team Fee Assistance. **(YOU MUST ATTACH ITEMIZED LIST OF TRAVEL TEAM EXPENSES FOR WHICH REIMBURSEMENT IS REQUESTED.)**

Please provide Name, Phone Number, and Email of VYS travel team contact: \_\_\_\_\_

I certify that all of the above information is true and correct. I understand this information is being given to determine eligibility for financial aid by VYS and that the VYS Financial Aid Committee may verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games, and that applying for financial assistance does not guarantee that any financial assistance will be awarded.

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

OFFICE USE ONLY

Date Registration Processed: \_\_\_\_\_

Approved For: Shin Guards \_\_\_\_\_ Socks \_\_\_\_\_ Cleats \_\_\_\_\_ Travel Fee Awarded: \_\_\_\_\_