



## CATAWBA VALLEY YOUTH SOCCER ASSOCIATION

PO BOX 2115 \* HICKORY, NC 28603

The purpose of the CVYSA Financial Assistance program is to support families of registered CVYSA players who demonstrate a financial need.

All information on this application will remain confidential. Please understand that the maximum amount of financial assistance that any one player may receive is 75% of that player's fees. CVYSA does not grant assistance 100% of player's fees.

In order to be considered for financial assistance, the following information must be returned to the address above.

1. This completed application. Please do not leave any blanks.
2. The first two pages of your most recent IRS Form 1040.
3. A check made out to CVYSA in the amount of \$50. This fee will be credited to the player's financial obligation once financial assistance has been determined. The application will NOT be processed without this fee.

***The deadline for the application is June 30<sup>th</sup>. You should receive notification by July 15<sup>th</sup>.***

Failure to submit required documentation does NOT relieve the player of their financial obligations.

Name of Player \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Player's Team \_\_\_\_\_ Jersey Number \_\_\_\_\_ Fall/Spring/Both Seasons \_\_\_\_\_

Number of Children Living in the Household \_\_\_\_\_

Is this a single-family home? \_\_\_\_\_

Is/are the parents of this player currently unemployed? \_\_\_\_\_ If yes, Mother? Father? Both? \_\_\_\_\_

Are there excessive medical expenses in the home? \_\_\_\_\_

If yes, approximate amount of those expenses. \_\_\_\_\_

Are there other children in the home currently registered with CVYSA for this season? \_\_\_\_\_

If yes, what level? Little Blasters \_\_\_\_\_ Academy \_\_\_\_\_ Competitive \_\_\_\_\_

Team Name(s) \_\_\_\_\_

What is the approximate household income? \_\_\_\_\_

Are you willing to commit to providing volunteer help to CVYSA when needed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent Statement of Accuracy of information:**

By signing this application, I am stating that the information given is accurate and up to date. I also acknowledge by signing that if any information given here is found to be false or misleading, that I will forfeit all financial assistance that may be offered by CVYSA and will become responsible for the total amount of my child's player fees.

Parent's Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

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CVYSA Use Only

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Applied to Account: \_\_\_\_\_