

**Catawba Valley Youth Soccer Association**

P.O. Box 2115  
Hickory, North Carolina 28603-2115  
(828) 358-4440  
www.cvysa.org



**Application for Financial Assistance**

The purpose of the CVYSA Financial Assistance program is to offer support in the area of financial need to those families of registered CVYSA players who qualify. All information received on this application will remain confidential. Please understand that the maximum amount of assistance that any one player may receive is no more than 75% of that player's total fee. CVYSA does not offer financial assistance in the amount of 100% of the player's total fee.

In order for this application to be processed, the following information ***must*** be returned with the application to the address listed above:

1. A completely filled out application. All information on this form must be completed.
2. The first two pages of your most recent IRS form 1040 ***OR*** your last two pay check stubs that will indicate monthly or annual salary.
3. A check in the amount of \$50 made out to CVYSA. This fee will be credited toward the player's financial obligation once the amount of financial assistance is determined. The application will not be processed without this fee.

Failure to submit this information will result in the application not being processed in a timely manner and the delay of any financial assistance being awarded. ***Please be aware that failure to submit the required documentation does not relieve the player of their financial obligation.***

The **deadline** for all applications to be considered is **July 1<sup>st</sup>, 2009**. Applications received after this date will be considered as funds are available.

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

Player's Team \_\_\_\_\_ Jersey Number \_\_\_\_\_

Is a uniform needed? \_\_\_\_\_ Double or Single Season? \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

\_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Please respond to the following questions:**

1. How many total children in the family? \_\_\_\_\_
2. Are there currently any children in college? \_\_\_\_\_

3. Is this a single parent home? \_\_\_\_\_
4. Is/Are the parent(s) of this player currently unemployed? \_\_\_\_\_ If so, is it one or both? \_\_\_\_\_
5. Are there excessive medical expenses in the home? \_\_\_\_\_ If so, what is the approximate amount of those expenses per year? \_\_\_\_\_
6. Are there other children in the home playing CVYSA this year? \_\_\_\_\_ If so, please circle the appropriate level : Lil' Blasters    Academy    Challenge    Classic
7. If the answer to question #6 is yes, what team(s) does that child play with?  
\_\_\_\_\_
8. What is the approximate household income? \_\_\_\_\_
9. Are you willing to assist in fund raising for CVYSA? \_\_\_\_\_

**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 of the 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 then become responsible for the total amount of my child's player fee.

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

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

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CVYSA Use Only:

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_