



**Crawford County
Youth Soccer Association
Application for Financial Assistance**

Season

Summer

Crawford County Youth Soccer Association (CCYSA) strives to offer the opportunity for all eligible players to participate in our recreational youth soccer programs regardless of financial means or limitations. Toward this end, CCYSA offers financial aid to assist with player registration fees.

General Information

- Financial assistance is available for registration fees only. The member family is responsible for all other attendant costs associated with player participation.
- Financial aid is provided for one season at a time. Players with continuing needs must reapply each season.
- Financial aid is awarded based on the available funding for that season.
- Applications for financial assistance will be kept confidential.

Financial Assistance Eligibility Criteria

- Any member family currently receiving government assistance such as welfare, housing assistance, or qualify for free or reduced school lunch, may apply for scholarship support.
- Any member family with financial hardship as determined by the CCYSA Board

Note: CCYSA may require verification of financial need to determine player qualification for scholarship assistance.

Financial Assistance Application

- Financial aid applications must be made by the member family - not by an advocate.
- Member families in need of financial assistance should request support as early as possible during the open registration period.
- Submit completed application to ccysa.contact@gmail.com or mail to

CCYSA
P.O.Box 641
Meadville, PA 16335

For further assistance regarding financial aid, please email the CCYSA Board at ccysa.contact@gmail.com . Please include telephone contact information, so that we may call you to discuss your need and provide instruction if necessary.

For CCYSA Financial Assistance Committee Use ONLY

Request Approved: Yes [] No []
Amount Requested \$ _____ Amount Approved \$ _____
Required Family Contribution \$ _____

Notes:



**Crawford County
Youth Soccer Association
Application for Financial Assistance**

Season

Summer

Program description: Crawford County Youth Soccer Association (CCYSA) is a youth soccer organization that offers a Financial Assistance program for youth participants who are in need of financial aid in order to play soccer in CCYSA. Each request for aid is considered on a per season basis and applies to registration fees only. Participants are required to secure their own required shin guards and cleats, however such items may be available upon request. The amount of aid and number of family members/players receiving aid is dependent upon available funding and is not guaranteed from year to year.

Confidentiality: All gathered information is for the express and sole purpose of assisting the CCYSA Scholarship Committee in making financial assistance decisions. Scholarship requests are strictly confidential. Incomplete forms will not be considered.

Application for Financial Assistance

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____ City: _____

Zip: _____

Phone: (____) _____ Email: _____

Household Size: Number of Adults _____ Number of Children (Under 18) _____

Participant Information (for more children, please write on the back of the form)

1) Participant Name: _____ Gender: _____ Date of Birth: ___/___/___

Special Needs: _____

Age Group: U- _____ Team/Player/Coach Request: _____

2) Participant Name: _____ Gender: _____ Date of Birth: ___/___/___

Special Needs: _____

Age Group: U- _____ Team/Player/Coach Request: _____

Have any of the participant(s) above ever received financial assistance from CCYSA? Yes [] No []

If yes, please list amount(s) and season(s): _____

Reason for Requesting Aid: _____

Financial Aid Requested:

Total Cost of Registration Fees \$ _____

Amount You Can Pay \$ _____

Total Financial Aid Requested \$ _____

I certify that to the best of my knowledge that the above information is true and accurate.

Printed Name: _____

Signature: _____ Date: ___/___/___

For CCYSA Financial Assistance Committee Use ONLY

Request Approved: Yes [] No []

Amount Requested \$ _____ Amount Approved \$ _____

Required Family Contribution \$ _____

Notes: