

Mebane Youth Soccer Association

Financial Aid Application

All information contained within this application shall be confidential and shall be used for the sole purpose of determining eligibility for financial aid.

Applications are due July 1st for Travel Players and August 1st for Recreation Players

Date: _____

Applicant's Name: _____
Last First Middle

Birth Date: _____ Gender: Male Female

Street Address: _____

City, State, Zip: _____

Home Phone: _____

With whom does the applicant live? Both Parents Mother Father

Other: _____

Parent/Guardian Name: _____

Cell or WorkPhone: _____

E-mail address: _____

Occupation: _____

I am applying for financial aid for the following:

Travel: _____ (team) Recreation: _____ (division/season)

Annual Family Income: (Include gross wages + public assistance + child support/alimony + social security + disability + other): \$ _____ (Please note that **MYSA REQUIRES** a copy of your most recent Federal Tax Return to accompany this application to confirm income)

Number of family members in home (include parents and children): _____

Family's Contribution to Fees: \$ _____

Financial Aid Amount Requested: \$ _____

Please List Any Special Circumstances That Contribute Toward Your Need For Financial Assistance: _____

Continued on Page 2 – Incomplete Applications Will Not Be Considered

Applicant's Name: _____
Last First Middle

Financial aid is granted on an annual/seasonal basis and a new application must be submitted each year for Challenge, and each season for Recreation. Financial aid will be granted prior to the start of the season. Late applications will be evaluated and will be granted based on remaining available funds.

MYSA requires a copy of your most recent Federal tax return to accompany this application to confirm income. The Financial Aid Coordinator reserves the right to request any additional information relating to this application including but not limited to prior year's tax returns, W-2s, and any other documents that assist with the assessment of financial need. All submitted forms will be held in strictest confidence and destroyed or returned to the applicant after assessment of need is complete.

By signing and submitting this application, I as the applicant's parent/guardian agree to ensure that the applicant participate in team practices, games and team duties as well as any other regular team activities. I understand that non-participation in these activities could result in termination of my financial aid.

I certify that all materials supplied and statements made in connection with this application are true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

**Please send completed applications to:
MYSA Financial Aid
2047 Webster Grove Drive
Mebane, NC 27302**

They can also be scanned and emailed to financialaid@mebanesoccer.us

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| <p>MYSA Use only: Date Received: _____ FA Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No FA Amount: _____ Date of Letter to Applicant: _____ Notification to Team Manager: _____</p> |
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