

**SYA Travel Soccer Financial Assistance form**

All SYA Soccer travel players requesting financial assistance must complete this form. **This form is to be completed by a parent or guardian.** All information is confidential and will be reviewed only by the SYA Scholarship Committee members. **Return this application and verification of income documents along with the \$75 application fee.** All applications are due by July 1, 2015. Mail to SYA Soccer, PO Box 471, Centreville, VA 20122 attn: Travel Soccer.

Player's name: \_\_\_\_\_

Age Group: \_\_\_\_\_ Team: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Gross monthly income: \$ \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Gross monthly income: \$ \_\_\_\_\_

Adjusted Gross Income from most recent tax return (Form 1040, line 37): \$ \_\_\_\_\_

**MANDATORY: Attach a signed copy of both parents' Federal tax Form 1040 or similar form, no supporting schedules or exhibits required.**

How many people live in the household and are dependent upon this income? \_\_\_\_\_

Does this player have any siblings playing with SYA Soccer travel program?

Name: \_\_\_\_\_ Team: \_\_\_\_\_

Name: \_\_\_\_\_ Team: \_\_\_\_\_

Name: \_\_\_\_\_ Team: \_\_\_\_\_

**How much can you afford to pay for each child to play travel soccer? \$ \_\_\_\_\_**  
**(mandatory to answer)**

Please list DETAILED information you wish the SYA Soccer to consider in evaluating this application (e.g., recent changes in family income levels, employment status, or other financial hardship): \_\_\_\_\_

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