



# West Seattle Soccer Club Application for Financial Assistance

Season  
\_\_\_ Spring  
\_\_\_ Fall  
\_\_\_ Other

**Program description:** The West Seattle Soccer Club (WSSC) is a non-profit 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 the WSSC. Each request for aid is considered on a per season basis and applies to registration fees only. Participants are required to purchase their own required shin guards and cleats. 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 WSSC 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: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_  
Household Size: Number of Adults \_\_\_\_\_ Number of Children (Under 18) \_\_\_\_\_

### Participant Information

1) Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School (Fall of Club Year): \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
Age Group: U- \_\_\_\_\_ Team/Player/Coach Request: \_\_\_\_\_

2) Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School (Fall of Club Year): \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
Age Group: U- \_\_\_\_\_ Team/Player/Coach Request: \_\_\_\_\_

Have any of the participant(s) above ever received financial assistance from the West Seattle Soccer Club? Yes [ ] No [ ]

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

Are any of the children in your household eligible for free or reduced lunch? Yes [ ] No [ ]

Reason for Requesting Aid:


### Financial Aid Requested:

Total Cost of Registration Fees \$ \_\_\_\_\_  
Amount You Can Pay \$ \_\_\_\_\_  
Total Financial Aid Requested \$ \_\_\_\_\_

I'm willing to volunteer? Yes [ ] No [ ]

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

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For WSSC Financial Assistance Committee Use ONLY

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

Notes:
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