



**Modesto Youth
Soccer Association
APPLICATION FOR FINANCIAL AID**

Mail to: P.O. Box 577229 Modesto, Ca 95357
Hand Deliver to: 3509 Coffee Rd, Suite D8 Modesto, Ca 95357
Email to: Finance@mysa-ajax.org
Phone: 209-236-1800

Person Requesting: _____

Relationship to Player: _____

Number of Household Members: _____

Annual Household Income: _____

☐ MYSA Spring League ☐ MYSA Fall League ☐ MYSA Mini Season

I am requesting financial support from Modesto Youth Soccer Association on behalf of:

Player #1 _____ Date of Birth ____/____/____ Age Group: _____

Player #2 _____ Date of Birth ____/____/____ Age Group: _____

Player #3 _____ Date of Birth ____/____/____ Age Group: _____

Please briefly describe reason/hardship: _____

Signature

Date

Please note: Completing this application does not guarantee financial assistance for any reason. Additionally, Verification of income and/or documentation demonstrating need must be submitted with this application for any approval of financial assistance. All applications are reviewed and approved by MYSA Scholarship Committee. Awarded funds may be whole or a portion of requested amount and paid directly to MYSA for credit to the requested, when applicable. Receipts may be required for particular funding requested.