



# North Lakeland Youth Soccer Association, Inc.

P.O. Box 138, Kathleen, FL 33849

(863) 274-3374

NLYSoccer.org

Non for Profit Registered 501(c)(3)

FEID# 61-1716780

## Request for Financial Assistance

Financial Assistance is available to cover no more than 50% of your player's fees and is awarded based on need. Upon registration, 50% of the initial payment is required (per player). A parent/guardian must complete this request. Please bring the required documentation, along with this form, to an on-site registration day (incomplete requests will not be considered). You can also email [NLYSoccer@gmail.com](mailto:NLYSoccer@gmail.com). Financial assistance will be determined using the Information provided.

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

☐ Male ☐ Female

☐ Travel: \_\_\_\_\_ (Team)

-OR-

☐ Recreation: \_\_\_\_\_ (division/season)

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

☐ Male ☐ Female

☐ Travel: \_\_\_\_\_ (Team)

-OR-

☐ Recreation: \_\_\_\_\_ (division/season)

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

☐ Male ☐ Female

☐ Travel: \_\_\_\_\_ (Team)

-OR-

☐ Recreation: \_\_\_\_\_ (division/season)

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

☐ Male ☐ Female

☐ Travel: \_\_\_\_\_ (Team)

-OR-

☐ Recreation: \_\_\_\_\_ (division/season)

Annual Family Income (Include gross wages + public assistance + child support/alimony + social security + disability + other):

\$\_\_\_\_\_ (NLYS **requires** you to bring a recent Federal Tax Return -OR- pay stub (for all those contributing to your annual family income) to confirm this information. NLYS will not maintain a copy. We will simply review and verify your information and return it to you immediately afterwards.)

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

With whom does the player/players live? ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Please list any special circumstances that contribute toward your need for financial assistance:

**Volunteer Activities** (Parent/Guardian required to participate in 5 activities):

- Assist in Concession Stand
- Uniform Hand-Outs
- Medallion/Trophy Hand-Outs
- Field Setup on (Saturday Morning)
- Field Breakdown (Saturday Afternoon)
- Family/Special Event

I, \_\_\_\_\_, agree that the information provided is true to the best of my knowledge. I understand that NLYS board members will review my request and all recipients (parent/guardian) will be required to participate in a minimum of five (5) volunteer activities (per player receiving assistance) throughout the course of the season in which you are awarded assistance. I as the player's parent/guardian agree to ensure that the player participate in team practices, games and team duties as well as any other regular team activities. I understand that failure to fulfill my volunteer activities and have player participate in team activities will deem me ineligible for any future assistance and I will be held responsible to reimburse NLYS any amount of aid that was awarded.

Signature \_\_\_\_\_

Date \_\_\_\_\_