South Parkland Youth Association Financial Aid Application

Athlete Information		
Athlete's First Name:	Athlete's Last Name:	
Age on January 1, 2020:	Date of Birth:/	
Full Mailing Address:		
Applicant's Information (Parent or Guardian)		
Applicant's Name: Relationship to Athlete:		
Full Mailing Address (if differer	nt from athlete):	
Phone Number:	Email Address:	
Occupation:		
Second Parent's or Guardian's	Information:	
Second Parent or Guardian Na	me: Relationship to Athlete:	
Full Mailing Address (if differen	nt from athlete):	
Phone Number:	Email Address:	
Occupation:		
Application Information:		
Athlete Lives With:		
☐Both Parents		
☐ Mother	Amount of Scholarship or Aid Requested: \$	
☐ Father	Is this the full or partial registration fee? \qed Full \qed partial	
\square Other		
Are you available to volunteer?		
\square I can serve as a coach for my child's team (all season)		
☐ I can assist the coaches/team during most practices and games (all season)		
\square I can join the SPYA Board of Directors (includes monthly meetings in addition to other commitments)		
\square I am not able to volunteer at this time		
Has the athlete ever received f	inancial assistance for participation in sports from SPYA?	
\square voc. \square no. If voc. for what sport(s) and soccon(s)?		

Supporting Documentation		
Please attach supporting documentation. A minimum of one of the following items must be included:		
	Copy of the front page of the most recent Federal 1040 Tax Return with social security numbers redacted	
	(preferred form of income verification)	
	Copies of the past two months of paycheck stubs (or proof of self-employment income)	
	State or Federal assistance documentation (unemployment, public assistance, disability, social security or	
	workman's comp benefits statements)	
	A written statement of immediate financial hardship explaining the current situation. SPYA recognizes	
	that a family may not be receiving formal assistance from the programs mentioned above, yet financial	
	assistance may still be needed to participate in a SPYA sports program. In these instances, the SPYA	
	scholarship board will consider the financial hardship statement to determine scholarship eligibility.	
	Please provide any supporting documentation that may support the facts in your financial hardship	
	statement.	
Tor	ms and Conditions	
I understand that my signature authorizes South Parkland Youth Association to obtain verification of all		
information on this application and that additional information may be necessary for approval of this		
application. I certify that all of the information on this form is true and correct and that I will comply with each		
of the Eligibility Requirements listed on the Application Instructions.		
Sigr	nature: Today's Date:	