



WILTON SOCCER ASSOCIATION (WSA) FINANCIAL ASSISTANCE REQUEST APPLICATION FORM

Wilton Soccer Association, Inc. Financial Aid Policy Wilton Soccer Association, Inc. (WSA) desires that every Wilton child, regardless of family financial status, be afforded the opportunity to play soccer in our program. For a child to receive a waiver or reduction of registration fees, written documentation supporting the necessity of the request may be required. Any family may request consideration for financial aid by submitting the Financial Aid Request Form

For timely consideration, the request should be mailed no later than:

- February 28 – for the Spring Recreation session
- July 31 – for the Annual Travel session
- July 31 – for the Fall Recreation session

WILTON SOCCER ASSOCIATION (WSA) FINANCIAL ASSISTANCE APPLICATION FORM CHECKLIST

Parent/Guardian Name: _____

Child/Player Name: _____

WSA has changed the financial assistance application process for the 2018/19 season. In order for this to happen, WSA is providing you with this financial assistance package. It is **IMPORTANT** that you complete, provide all documentation requests and return the entire package to us. For your convenience, here is a financial assistance application **checklist**:

- Complete financial assistance application form (inside envelope) and sign
- Provide latest tax return (Pages 1 & 2 ONLY of Form 1040)
- Provide payroll stub if your income has changed since your last tax return was filed



**WILTON SOCCER ASSOCIATION (WSA)
FINANCIAL ASSISTANCE REQUEST APPLICATION FORM**

Are you applying for: Recreational: _____ Travel: _____

Player Information (One Application per child)

Child's Name: _____ **Age:** _____ **M/F:** _____ **DOB** _____

Recreational or Travel _____ if an existing travel player, what team? _____

Parent/Guardian information

Mother's Name: _____ Email _____

Address: _____ City: _____

Home #: _____ Cell# _____ Work# _____

Occupation: _____ if unemployed source of income: _____

Father's Name: _____ Email _____

Address: _____ City: _____

Home #: _____ Cell# _____ Work# _____

Occupation: _____ if unemployed source of income: _____

General Information:

How many people live in the home (9-12 months a year) _____

What is your annual household income (from all sources) _____

What are your total annual household expenses (details to be requested as needed)

Do you receive any local, state, or federal assistance and if so what: _____

Has this player received financial assistance in the past? If yes, when _____

Have any other players in your family received assistance in the past? If yes, please explain: _____

If you were asked to pay a monthly payment during the season, how much a month could you pay? _____



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Please list any special circumstances the Wilton Soccer Association should be aware of that pertains to your request for financial assistance (seasonal worker, lost job, etc.) Please explain:

How much financial assistance do you need for the season? _____

Agreement

I hereby certify that all of the above information is true and correct. I understand that false statements on this application shall be considered sufficient cause for disqualification from funding assistance. I understand that this information is being provided as a method to assist Wilton Soccer Association in determining the level of financial assistance that may be awarded toward club fees for the 2017/2018 season.

I understand that monies provided through this application process will be used to pay Wilton Soccer Association fees and will not pay for any supplemental expenses associated such as travel expenses, team fees, etc.

I understand that if I am accepted for assistance, that assistance may be either a full or partial scholarship. I understand that failure to complete my commitment may result in be being required to pay back the financial aid, and being denied financial aid in the current and/or next season.

I understand that the Wilton Soccer Association Financial Aid Committee may request supporting documentation to verify the information on this application and that aid may be denied if requested documentation is not supplied.

Signature of Player: _____ **Date:** _____

Signature of Parent/Guardian _____ **Date:** _____

All information on this form is kept confidential. The circumstances of the request for financial assistance will only be given to the Financial Assistance Committee members.

Send form to:

**Wilton Soccer Association, Inc.
Treasurer
P.O. Box 311
Wilton, CT 06897**