



ALL INFORMATION WILL REMAIN CONFIDENTIAL

**CHAPPAQUA YOUTH SOCCER CLUB
FINANCIAL AID APPLICATION FORM (2007-2008)**

ENYSSA/USYSA

Financial aid is available from CHAPPAQUA YOUTH SOCCER CLUB (“CYSC”) in cases where a family might otherwise have difficulty paying for travel team costs. The process for applying is simple. You may qualify based on either a) household income or b) other circumstance such as loss of job, et al.

A) To qualify under the household income provision, please certify as follows:

I have household income equal to or less than:

- \$40,000 for a single person – \$70,000 for a family of four
- \$50,000 for a family of two – \$80,000 for a family of five
- \$60,000 for a family of three

B) To qualify under “other circumstance”, please explain _____

Name of Player(s):	Telephone (Res):
Address:	Telephone (Bus):
City/State/Zip:	

Date of Birth of Player(s): (Month / Day / Year) ___/___/___

TEAM NAME(S): _____

TEAM DIVISION (please check the appropriate boxes):

- Boys** U10 U11 U12 U13 U14 HS
- Girls** U10 U11 U12 U13 U14 HS

I certify that the information on this application form is accurate and complete. I understand and agree that the CYSC may contact me in the future to verify this information or request additional information in order to determine or confirm eligibility. I understand that a subcommittee of the Board of Directors of the CYSC will review my application, determine my eligibility, and notify me based on the information I provide. I further understand that there are no assurances or guarantees that financial aid will be extended and agree and release and hold harmless CYSC and its Board of Directors in the event that such financial aid is not extended.

Signature:	Date:
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MAIL TO: CYSC, c/o Astrid Quish, 8 East Place, Chappaqua, NY 10514