

**CONFIDENTIAL**

BENICIA YOUTH SOCCER LEAGUE  
2015 APPLICATION FOR FINANCIAL AID  
SUBMIT BY: DAY OF REGISTRATION

Mail completed applications to:  
Financial Committee  
P.O. Box 2259  
Benicia, CA 94510

**The amount of financial aid available is limited so please be complete in filling out this form and request only the amount you cannot pay.**

Player's Name \_\_\_\_\_ Team/Age Group \_\_\_\_\_

Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_

Employer \_\_\_\_\_

List all children in your family and whether they are registered with BYSL:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ BYSL Player: \_\_\_ Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ BYSL Player: \_\_\_ Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ BYSL Player: \_\_\_ Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ BYSL Player: \_\_\_ Yes \_\_\_ No \_\_\_

How many years has your family been a member of BYSL? \_\_\_\_\_

How do you feel you can best contribute to BYSL as a volunteer? **Fulfilling 12 volunteer hours is a requirement for receiving financial aid.**

\_\_\_ Tournaments; \_\_\_ E-mail Newsletter; \_\_\_ Sponsorship Committee; \_\_\_ Referee; \_\_\_ Registration Volunteer; \_\_\_ Coach; \_\_\_ Assistant Coach; \_\_\_ Manager; \_\_\_ Committee Chair; \_\_\_ Scheduling; \_\_\_ Fields/Equipment; \_\_\_ Picture Day; \_\_\_ Volunteer Coordinator; \_\_\_ Other(explain) \_\_\_\_\_

Please state your reason(s) for requesting financial aid \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you currently receive Food Stamps or children participate in the National School Lunch Program? \_\_\_ Yes \_\_\_ No

How much assistance towards BYSL Club Fees are you requesting? \$ \_\_\_\_\_

Financial aid is only available for Registration Fees (does not cover volunteer fee or select fees). Scholarship families are exempt from Fundraising Fees collected at Registration.

We hereby request financial aid from Benicia Youth Soccer League

\_\_\_\_\_  
Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Who should BYSL Financial Aid Committee contact if it requires further information for application processing? \_\_\_\_\_

\_\_\_\_\_