



## Financial Assistance Application & Agreement

Financial hardship should never discourage a family from playing soccer. RYS is committed to enrolling players regardless of their families' financial circumstances. All players are asked to pay at least a portion of their registration fee. Financial aid is income based, not performance based.

This form is to be completed by a parent or guardian. **All information is confidential and will be reviewed only by the financial aid committee members.** Return this application to RYS via the PO Box address at the bottom of this form or send it via email to the Rockport Youth Soccer Financial Aid Committee at: [Financialaid@rockportsoccer.org](mailto:Financialaid@rockportsoccer.org).

All information below (both pages) must be provided in order for this application to be considered and will **only be used for the purpose of determining eligibility for RYS financial assistance.** In the event the application is incomplete, the application may be rejected.

Today's Date \_\_\_\_\_

1. All Siblings / Dependents playing with RYS:

Name/Age/DOB \_\_\_\_\_

Name/Age/DOB \_\_\_\_\_

Name/Age/DOB \_\_\_\_\_

2. Parents' / Guardian's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Employer / Position / Years of service for:

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

3. How much are you able to contribute to your players' registration fees? \$ \_\_\_\_\_

4. RYS encourages and invites all parents to volunteer. Please check any of the following you might be willing to help with?

Coaching     Fund Raising     Fields Lining/Setup     Other: \_\_\_\_\_

5. Please list any other information you wish to be considered in evaluating this application (e.g. recent changes in family income, employment status, or other financial hardships):

---

---

---

---

---

---

\*\*\*\*\*

**I certify that all of the above information is true and correct. I understand this information is being given to determine eligibility for financial aid from RYS.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship to Player** \_\_\_\_\_

Please enclose any other information you feel may help the committee evaluate and make a decision on your scholarship.

**Rockport Youth Soccer  
P.O. Box 125 Rockport, MA 01966  
[www.rockportsoccer.org](http://www.rockportsoccer.org)**