Confidential page 1 of 5



# NBYSL Application for Financial Aid 2018-19

Mail application and all required materials to:

### NBYSL PO Box 5323 Petaluma CA 94955

Application	Checklist (	all items must be pi	ovided):	
	THIS COMPLETE APPLICATION FORM (5 pages)			
	MOST RECENT TAX RETURN pages 1 and 2 minimum of IRS Form <b>1040</b> (2017)			
	REDUCED	<b>REGISTRATION FE</b> ☐ 2012 – 2000 <b>\$250</b>	E DEPOSIT	
	PLAYER'S FULL NAME			
	FIRST	MIDDLE	LAST	
	PRIMARY PERSON OF CONTACT			
	FIRST	MIDDLE	LAST	
	TELEPHONE EMAIL ADDRESS			

The application deadline is Friday June 1, 2018.

Confidential page 2 of 5

## NBYSL Application for Financial Aid 2018-19

The amount of financial aid funds available is limited. Please complete all sections of this application with as much detail as possible. Write legibly in all areas. You may provide supplemental information on additional sheets if you so desire.

Aid is "NEED" based, which means that NBYSL will review your application amidst all the applications received and awards will divide the available financial aid funds proportionately across all eligible players. This means that awards may vary from year to year and previous awards of aid are not necessarily a direct indicator of a potential award in the 2018-19 season.

Date Rec'd

For NBYSL Use Only

Date Complete

PLAYER INFORMATION

Fee Deposit Rec'd

Applications are due in hard copy by 6pm on May 31st 2018.

7			
Provide the information below for t	he player applying for aid.		
Player			
First Name	Middle	Last	
Date of Birth			
Month	Day	Year	
Mailing / Residency Address	<u> </u>		
Street	City	Zip Code	
School Enrollment	<u> </u>		
Name	City	Grade (fall of 2018)	
Contact Information	<u> </u>		
Cell Phone Number	Home Phone Number	Email Address	
2017-18 Soccer History (if any)	1		
Team	Club	Coach	
Prior Financial Aid (if any)	-		
Years	Club	Amounts	

Applicant:

Date of Application

Confidential page 3 of 5

#### Provide the information below for the player's family.

Father (or primary guardian) First Name Middle Last Mailing / Residency Address Street Zip Code City Contact Information Cell Phone Number Email Address Home Phone Number **Employment** Employer Occupation Years employed by this employer Mother (or secondary guardian) First Name Middle Last Mailing / Residency Address City Zip Code Contact Information Cell Phone Number Home Phone Number Email Address **Employment** Employer Occupation Years employed by this employer Siblings (if applicable) First Name Last Name Age School Plays Soccer? Which Club? Does this sibling receive financial aid for any sports?  $\hfill\Box$  Yes  $\hfill\Box$  No  $\hfill$  If Yes, amount: First Name Last Name Age School Plays Soccer? Which Club? Does this sibling receive financial aid for any sports? □ Yes □ No If Yes, amount: First Name Last Name Age School Plays Soccer? Which Club? Does this sibling receive financial aid for any sports?  $\hfill\Box$  Yes  $\hfill\Box$  No  $\hfill$  If Yes, amount: First Name Last Name Age School Plays Soccer? Which Club? Does this sibling receive financial aid for any sports?  $\hfill\Box$  Yes  $\hfill\Box$  No  $\hfill$  If Yes, amount:

NBYSL PO Box 5323 Petaluma CA 94955 Confidential page 4 of 5

Provide the information below. Please be clear, complete and legible.
Is the need for aid temporary or permanent?
Temporary (eg. between jobs, divorce, unusual medical or other expenses)
Permanent (eg. fixed annual household income, household dependents such as elderly relatives)
Please explain the circumstances of the need:
How much <i>can</i> the household afford MONTHLY towards this player's soccer costs?
□ \$25 □ \$50 □ \$75 □ \$100 □ Other:
Does any member of the household receive financial aid for education?   Yes No
If Yes, please explain the nature, source, use and amount of educational aid:
What is the total annual household income as shown on IRS Form 1040 page 1, line 22? \$
How many persons constitute the household? Adults: Minor Dependents (children):
Household Tax Filing Status: □ Married □ Single □ Separated □ Divorced □ Widowed
Are there any unusual tax related circumstances? □ Yes □ No
Are you unable to provide a copy of your IRS Form 1040? □ Yes □ No
If Yes to either of the two questions above, please explain:

Confidential page 5 of 5

The NBYSL Board of Directors meets as needed to process applications. NBYSL reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Amount of aid is awarded based on the review of all materials provided and the determinations/calculations of the NBYSL financial aid committee.

Upon determination of a financial aid award decision, the player and primary person of contact will be emailed and mailed their financial aid contract and installment payments. The contract needs to be fully signed and initialed as indicated and returned to the club. Upon accepting the contract, the player and primary person of contact is then bond to the payment schedule shown on the contract and represented by the payment stubs.

Player's Initials :	Primary Person of Contact Initials :			
PART VII	SUBMIS	SUBMISSIONS AND SIGNATURES		
Read and understand the following	g:			
application. We are requesting that NBYSL. Everything stated in this	agree to the terms of the NBYSL financial aid pole t (player) application is true and correct to the best of our ur tee to answer questions and supply any additional	be placed on financial aid status with nderstanding. We understand that NBYSL		
Player				
Signature	Printed Name	Date MM / DD / YYYY		
Father (or primary guardian)	·	·		
Signature	Printed Name	Date MM / DD / YYYY		
Mother (or Secondary guardian)	·	·		
Signature	Printed Name	Date MM / DD / YYYY		

#### **PART VIII**

#### **QUESTIONS OR INFORMATION**

If you have further questions about our policy, the process or your eligibility for financial aid please contact:

Dawn Johnson, (se habla Español)

email info@northbayysl.com