



NBYSL/AC Marin Application for Financial Aid 2020/21

Mail application and all required materials to:

**NBYSL
PO Box 5323
Petaluma CA 94955**

Application Checklist (all items **must** be provided):

- THIS COMPLETE APPLICATION FORM** (5 pages)
- MOST RECENT TAX RETURN**
pages 1 and 2 minimums of IRS Form **1040** (2017)

- PLAYER'S FULL NAME**
FIRST MIDDLE LAST

- PRIMARY PERSON OF CONTACT**
FIRST MIDDLE LAST

Phone

Email

The application deadline is June 1, 2020.



NBYSL Application for Financial Aid

2020/21

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 2019-20 season.

Applicant: Date of Application	For NBYSL Use Only		
	Date Rec'd	Date Complete	Fee Deposit Rec'd

Provide the information below for the player applying for aid.

Player

First Name	Middle	Last
Date of Birth		
Month	Day	Year
Mailing / Residency Address		
Street	City	Zip Code
School Enrollment		
Name	City	Grade (fall of 2018)
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
2017-18 Soccer History (if any)		
Team	Club	Coach
Prior Financial Aid (if any)		
Years	Club	Amounts

Provide the information below for the player's family.

Father (or primary guardian)

First Name	Middle	Last
Mailing / Residency Address		
Street	City	Zip Code
Contact Information		
Cell Phone Number	Home Phone Number	Email Address
Employment		
Employer	Occupation	Years employed by this employer

Mother (or secondary guardian)

First Name	Middle	Last
Mailing / Residency Address		
Street	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? Yes No 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? Yes No 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:
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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 *can* 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:

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 : _____

Read and understand the following:

We, the applicants, have read and agree to the terms of the NBYSL financial aid policy and any requirements outlined on this application. We are requesting that (player) _____ be placed on financial aid status with NBYSL. Everything stated in this application is true and correct to the best of our understanding. We understand that NBYSL will retain this application. We agree to answer questions and supply any additional information that the NBYSL financial aid committee requests.

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



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](mailto:email_info@northbayysl.com)