



**APPLICATION FOR FINANCIAL ASSISTANCE
2011**

CHECKLIST:

1. _____ Applications must be received no later than February 28, 2011.
LATE APPLICATIONS WILL NOT BE CONSIDERED!
2. _____ One signed application per child applying for financial assistance (attached, 2 pages)
3. _____ Copy of most recent individual income tax return (Form 1040—both sides)**

OR

Copy of household's most recent income tax returns, if more than one caregiver (Form 1040-both sides)**
4. _____ (1) page letter from the child on the topic of why they want to be involved in TYSC.
5. _____ Written recommendation from a current or previous soccer coach
6. _____ Written recommendation from a current or previous teacher

*****Additional financial information may be requested***

Please mail applications to TYSC, PO Box 1799. Telluride, CO. 81435



APPLICATION FOR FINANCIAL ASSISTANCE 2011

All information to remain confidential. Applications must be received no later than February 28 to: TYSC PO Box 1799, Telluride, CO. 81435. Late applications will not be considered.

One application per child, please.

APPLICANT'S NAME _____

Date of Birth _____ Grade _____ School _____ Years in TYSC _____

Team/age group applying for _____ Cost: _____

Parent(s)/Guardian(s) Name* _____

* Person(s) financially responsible for child

Mailing Address _____ City _____ ST _____ Zip _____

Phone: Home _____ Work _____ Other _____ for _____

Home _____ Work _____ Other _____ for _____

Parent/Guardian's Employer _____

Other Parent/Guardian's Employer _____

1. How much financial assistance are you requesting from TYSC for this applicant?

2. If a single parent, will both parents be sharing in the costs of the applicant's registration fee, uniform fee and traveling fees and expenses?

3. Would your child(ren) agree to participate in 90% of all their programs' practices and local events? Yes _____ No _____

4. Are you receiving monetary support, from any source, for the soccer activities of the applicant? Yes _____ No _____ If yes, please explain.

5. Did the applicant receive financial assistance from TYSC for the 2009 – 2010 season, or any year prior to that?

Yes _____ No _____ If yes, please state amount \$ _____. If no, did you apply for financial assistance for 2009 – 2010 season? Yes _____ No _____

Continued...

Application for Financial Assistance
Page Two

6. **Please provide** a copy of your 2009 individual income tax return (Form 1040 only – both sides) **OR** your household's 2009 income tax returns, if more than one caregiver (Form 1040 only – both sides).
7. Please list any additional conditions that affect your financial position that are pertinent to helping us determine where the greatest needs lie among the families who desire financial assistance.
8. **Please provide** a recommendation from last year's coach **and** a current schoolteacher in order to assist the Financial Assistance Committee with its decision.

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance. Should I receive and accept financial assistance from the Telluride Youth Soccer Club I agree to adhere to the policies set forth by the Financial Assistance Committee.

Parent/Guardian Signature

Date

Financial Assistance applications must be postmarked or received by the TYSC Director of Coaching no later than February 28, 2011. Late applications will not be considered

Send applications to TYSC, PO Box 1799. Telluride, CO. 81435