



**APPLICATION FOR FINANCIAL ASSISTANCE  
2008**

**CHECKLIST:**

1. \_\_\_\_\_ Applications must be received no later than March 14.  
***LATE APPLICATIONS WILL NOT BE CONSIDERED!***
  
2. \_\_\_\_\_ One signed application per child applying for financial assistance (attached, 2 pages)
  
3. \_\_\_\_\_ Copy of individual 2006 income tax return (Form 1040—both sides)\*\*  

**OR**

Copy of household's 2006 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**

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**APPLICATION FOR FINANCIAL ASSISTANCE  
2008**

All information to remain confidential. Applications must be received no later than March 14 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 2006 – 2007 season, or any year prior to that?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state amount \$ \_\_\_\_\_. If no, did you apply for financial assistance for 2005 – 2006 season? Yes \_\_\_\_\_ No \_\_\_\_\_

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6. **Please provide** a copy of your 2006 individual income tax return (Form 1040 only – both sides) **OR** your household's 2006 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.

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Parent/Guardian Signature

Date

***Financial Assistance applications must be postmarked or received by the TYSC Director of Coaching no later than March 14, 2008. Late applications will not be considered***

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