



**CONESTOGA VALLEY YOUTH SOCCER CLUB**



Application for Financial Aid

Player's Name \_\_\_\_\_

Mother's Or Guardian's Name \_\_\_\_\_

Father's or Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Estimated Current Year Family Income \_\_\_\_\_

Family Size \_\_\_\_\_

# of children in CVYSC programs \_\_\_\_\_

Please explain your need for Financial Aid or any other relevant circumstances (1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(1)The CVYSC Board reserves the right to request income verification before completing its review and taking action on any financial aid request.

**Financial Aid Requested**

Cost of CVYSC Program \$ \_\_\_\_\_

Amount You Can Pay \$ \_\_\_\_\_

Amount of Aid Requested \$ \_\_\_\_\_

*We (I) certify to the best of my knowledge the above information is true and accurate.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE MARKED ATTENTION: CVYSC EXECUTIVE BOARD TO CVYSC P.O. BOX 329 LEOLA PA 17540 OR EMAIL TO [CVYSC.REGISTRAR@YAHOO.COM](mailto:CVYSC.REGISTRAR@YAHOO.COM). ALL REQUESTS WILL BE KEPT CONFIDENTIAL.

DO NOT WRITE IN THIS SPACE  
FOR CVYSC BOARD USE ONLY

Request  
Approved

Request  
Denied

Amount Requested \$ \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Required Family Contribution \$ \_\_\_\_\_

\_\_\_\_\_  
CVYSC Treasurer

\_\_\_\_\_  
Date

*ALL INFORMATION SHALL REMAIN CONFIDENTIAL AND WILL BE REVIEWED ONLY BY THE CVYSC EXECUTIVE BOARD*