

CDYSL Financial Assistance

Scholarship

(Application)

This financial assistance application is for the purpose of helping families receive financial aid for CDYSL sponsored programs. All players must be registered through a CDYSL member Club or directly through CDYSL. Below are required questions that need to be filled out completely to the best of the ability of the parent / guardian. All requests are confidential, and any and all personal information received by the office of the CDYSL shall remain strictly confidential.

Full name of the player: _____

The Club he / she is currently registered to: _____

The CDYSL Program aide is being requesting for: _____
(PDA, CDYSL Camps, State ODP etc.)

The total amount being requested from CDYSL: _____

All questions below must be answered; all information will be kept confidential

Residing address (Street) _____

(City) _____

(State, zip code) _____

Full name of Parent / Guardian:

Contact phone numbers _____ (cell) _____ (home)

_____ (office) _____ (e-mail)

Family total income as reported to IRS in the previous year: _____

List the number of related or non related people living in household? _____

Does this family have any members currently enrolled in college? _____ (yes) _____ (no)

Does the family currently have other financial assistance? _____ (yes) _____ (no)

(Club registration, family public assistance, school lunch, etc.)

If yes, to the above, please state from where, for what purpose, and how much:

Amount: _____ Where: _____ Purpose: _____

I _____ state that the above information to be true, and I have attached required information as requested by the CDYSL. I also hereby understand that I may be asked to help and volunteer my time for either the CDYSL Empire Cup or any other CDYSL event if needed.

NOTE: If you wish to add any additional comments or information please do so on a separate sheet of paper. (This also includes changes in the financial stability of the family, major medical bills, etc.)

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For Office Use only: _____ Date Received _____ Received by whom

_____ Approved _____ Denied _____ Date _____ Initial by person reviewing application