



## REQUEST FOR FINANCIAL ASSISTANCE

This request is made on the behalf of: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Age Group \_\_\_\_\_

Request made by: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Briefly explain the need for assistance:

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

Amount requested: \$ \_\_\_\_\_ what will this cover?

(Participation fee, ODP tournaments, Nike Friendship Cup, Regional Camp, travel expenses, ODP Regional Championship)

How much of the expenses are you or the athlete able to cover? \$ \_\_\_\_\_

Are you able to set up a payment plan to cover expenses? Yes or No

Does your child qualify for the free or reduced lunch program? \_\_\_\_\_

Comments:

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

Please attach a copy of page 1 & 2 of your income tax return.

(Information will be kept confidential)

Washington Youth Soccer Atten: Mary Warren

500 S. 336<sup>th</sup> Street, Suite 100

Federal Way, WA 98003

Fax: (253)-951-6928