



Humboldt Youth Soccer League Financial Assistance Application Fall 2024

Thanks to the Dr. Matthew Miller Memorial Scholarship Fund and a generous grant from Humboldt Sponsors, Humboldt Youth Soccer League is able to provide financial assistance to a limited number of eligible families. There are two ways to qualify: Option 1) provide proof of income below the stated income limits (see last page), or Option 2) if your income exceeds the limits, you may still apply and provide an explanation of financial hardship. **Regardless of option chosen, ALL applicants must provide a copy of their 2023 Federal tax returns.** If you are approved for financial assistance, it will reduce the cost of registration by at least \$50 for each player in your immediate family. Please fill out this form **prior** to registering.

Household Information - REQUIRED

Parent/Legal Guardian

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

*E-mail Address: _____

*REQUIRED - If you are awarded financial assistance, you will be notified by email and will receive a discount code to be used when registering your player/s online. DO NOT REGISTER PLAYER UNTIL AWARD NOTIFICATION IS RECEIVED. REFUNDS WILL NOT BE GIVEN IF REGISTRATION HAS BEEN COMPLETED PRIOR TO RECEIPT AND APPROVAL OF APPLICATION.

Number of Members in Household: _____ Gross Monthly Income: \$ _____

Names and ages of all occupants in household: _____

Player(s) Information - REQUIRED:

(Please note that scholarships can only be awarded for children in the same household/family)

Player 1 Name: _____

Birthday: _____ Gender: _____

Player 2 Name: _____

Birthday: _____ Gender: _____

Player 3 Name: _____

Birthday: _____ Gender: _____

Has player(s) received financial assistance (scholarship) from HYSL in the past? YES NO

All applicants must submit copies of 2023 Federal Tax Return. If your income exceeds the limits of the guidelines and you still wish to be considered for financial assistance, please provide a statement of special circumstances that explain your need for financial assistance. Use extra paper if more space is needed. **Copies of 2023 Federal Tax Return must also be submitted.**



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Financial assistance is granted on an annual/seasonal basis. A new application must be submitted each year. Late applications will be considered based on remaining available funds. Incomplete applications will be delayed until all required documents are received. HYSL requires a copy of your most recent federal tax return to accompany this application to confirm income for the household. **All members listed for the household must match the tax documents.** HYSL reserves the right to request any additional information relating to this application, including but not limited to prior year's tax returns, W2s, and any other documents that assist with the assessment of financial need. All submitted forms will be held in strictest confidence. Notifications of approval will be issued via email from HYSL. HYSL will make every effort to respond within 10 business days from receipt of application.

By signing and submitting this application, I, as the applicant's parent/guardian, agree to ensure that the applicant participates in team practices, games, and team duties, as well as any other regular team activities. I understand that non-participation in these activities could result in termination of my financial assistance. I certify that all materials supplied and statements made in connection with this application are true to the best of my knowledge.

In consideration of this application, while not a requirement, I am willing to volunteer in the following capacity:

- | | |
|--|--|
| <input type="checkbox"/> COACH | <input type="checkbox"/> FIELD MAINTENANCE |
| <input type="checkbox"/> ASSISTANT COACH | <input type="checkbox"/> FIELD STRIPING |
| <input type="checkbox"/> SNACK BAR | |

Parent/Guardian Signature: _____ Date: _____

Scan and email completed application to: humboldtyouthsoccer@gmail.com OR please mail completed applications to: HYSL Financial Assistance, PO Box 6784, Eureka, CA 95502

2024 Financial Assistance Income Guidelines:

Size of Family	2 People	3 People	4 People	5 People	6 People	Each Additional Person Add:
Gross Monthly Income	\$3286.67	\$4143.34	\$5000.00	\$5856.67	\$6713.34	\$856.67

HYSL Use Only:

Date Received: _____	FA Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No
FA Amount: _____	Discount Code: _____
Applicant Notified: _____	Date: _____