

Greenwich Youth Soccer
Financial Aid Request
Form
(Information will be kept confidential)

DO YOU REQUIRE FINANCIAL AID?

Name (s) of players registering: _____

(Players must live at same physical address)

Name of parent (s) _____

Address _____

Contact phone number _____

Please answer the following questions to determine financial aid eligibility:

- What was your household income in 2011? _____
- How many people (including children) live in your household? _____
- How many students in your household are currently attending college? _____
- Do you receive additional sources of aid? _____

Are there extenuating circumstances that make financial aid necessary (illness, layoff, etc.) Please explain.

Please mail to:
Tim Kelleher
President, Greenwich Youth Soccer
33 Gray Ave
Greenwich, NY 12834

Please include completed paperwork. Please mark envelope "PERSONAL AND CONFIDENTIAL." We will notify you on the club's decision. Please wait to hear from Greenwich Youth Soccer prior to registering.