



# **Woolwich Youth Soccer Club**

## **Financial Assistance Application**

### **Applicant Information**

**Name of Applicant:**

**Name of Player:**

**Address:**

**Phone:**

**Email:**

### **Purpose of Funding Request**

We are seeking financial assistance to:

- **Subsidize registration fees**
- Applicants must attach with their application supporting documentation of income status of all of their family's sources of income, such as notice of assessment from CRA for the previous year, three most recent pay stubs, government assistance, child tax benefit, workers compensation, disability insurance, GST rebates, etc. as well as proof of residency such as a utility bill.
- Put completed forms and documents in an envelope marked "Fee Assistance Application – Confidential" and mail or drop off the application to the Woolwich Youth Soccer Club office, 5 First Street East, Elmira, Ontario, N3B 1R7

## Declaration

I, \_\_\_\_\_ certify that I have read the Woolwich Youth Soccer Fee Assistance Policy and the information in my supporting documents provided is accurate. I am aware I will need to provide volunteer hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

- **Application Status:**  Approved  Denied  Pending
- **Approval Date:** \_\_\_\_\_
- **Reviewer Name/Signature:** \_\_\_\_\_
- **Volunteer Hours Required:** \_\_\_\_\_ hours
- **Notes/Conditions:** \_\_\_\_\_