

Scholarship Disbursement Request Form

AY 2019-20

Wilson Youth Soccer Association
PO Box 3112
Wilson, NC 27895

Phone: (252)266-1324

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Website: www.wilsonyouthsoccer.com

- Complete form in its entirety
- Attach pertinent information
- Mail to WYSA P.O. Box address or deliver to team manager
- **DEADLINE: July 5, 2019**

| SECTION 1: Player Information | | | |
|--|--|---|--------------------|
| Last Name | First Name | M.I. | |
| Mother | E-Mail | Phone | |
| Father | E-Mail | Phone | |
| Permanent Home Address (street, city, state, zip code) | | | |
| Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth | Years Active in WYSA | |
| Household Size Two-Parent Home <input type="checkbox"/> Single Parent Home <input type="checkbox"/> Children ages 11-18 _____ Ages 10 & Under _____ | | | |
| Current School | School Type Public <input type="checkbox"/> Private <input type="checkbox"/> | If attending private school, tuition cost? \$ | |
| Sibling(s) Active in WYSA (Name, Age Group, Gender) | | | |
| SECTION 2: Financial Information | | | |
| Monthly Household Net Income \$ | Mortgage/Rent \$ | Average Monthly Electric \$ | |
| Additional Assistance Received (check all that apply) Medicare/Medicaid <input type="checkbox"/> Welfare/Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Child Support <input type="checkbox"/> | | | |
| Father's Place of Employment | Employment Status Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | Phone | |
| Mother's Place of Employment | Employment Status Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | Phone | |
| Additional Significant Expenditures and/or Pertinent Information | | | |
| *For verification purposes, attach a current (within the past 90 days) paystub of parent(s)/guardian(s) in addition to <u>documentation</u> of any relevant expenses (including, but not limited to, recent utility bill, car payment, etc.) <u>Failure to include documents will result in denial of aid.</u> | | | |
| SECTION 3: Signature/Certification | | | |
| <i>To the best of my knowledge, I hereby certify that the above information is correct and understand that falsification of information will result in forfeiture of aid.</i> | | | |
| Parent/Guardian Signature _____ | | | |
| SECTION 4: Office Use Only | | | |
| Received By (Authorized Official) | Date | Status Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Award Amount \$ |
| CONFIDENTIALITY STATEMENT | | | |
| All information included herein shall be used for the sole purpose of determining need for an award of scholarship/financial aid by the Wilson Youth Soccer Association, Inc. All applications and any accompanying documents received and/or requested are strictly confidential between the applicant, Scholarship Committee, and Board of Directors. At no time shall any of the above information be made available for public consumption or review. All applications and accompanying documentation shall remain on file until May 17, 2020 with Wilson Youth Soccer Association, Inc. for record-keeping purposes. | | | |
| DISBURSEMENT CLARIFICATION | | | |
| All amounts awarded shall be applied to remaining club dues owed following the initial, non-refundable deposit of \$100.00 . Awards cannot be applied to the initial, non-refundable deposit OR any applicable team fees that are in addition to the membership dues owed. Request for voluntary release from the club for circumstances beyond injury, relocation, or the like shall result in the applicant reimbursing the club in full for the awarded amount. Awards shall be processed no later than July 26, 2019, with notification of award status and amount provided to the parent/guardian by e-mail within 7-10 business days. | | | |