



MINNESOTA YOUTH SOCCER ASSOCIATION
 10890 Nesbitt Avenue South, Bloomington, MN 55437



MYSO/ODP FINANCIAL ASSISTANCE APPLICATION

Name of player: _____

Date of Birth: _____ ODP T-shirt #: _____

Parent/Guardian: _____

Phone number (H): _____ (cell): _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you receive financial assistance from your club to participate with your club team? If yes, please indicate how much assistance you are receiving and please identify which club.

If you are seeking financial assistance based on a short-term or extenuating financial hardship circumstance, please include a brief statement explaining the nature of the hardship. **This information is kept confidential**

By my signature below, I certify that the above information is an accurate summation of my current financial situation. You have my permission to verify this information. Financial assistance applications will be assessed on a case-by case basis.

 Signature of Parent/Guardian

 Date

FOR OFFICE USE ONLY

Amount of assistance _____ Verified by _____ Date _____