

# Eastside Youth Soccer Association Inc.

## Request for Financial Assistance



Mail completed form to:  
 Box 407, 8B - 3110 8<sup>th</sup> St E Saskatoon SK S7H 0W2  
 OR email completed form to:  
[eysa.office@gmail.com](mailto:eysa.office@gmail.com)

Allow 6-8 weeks for processing

PLEASE PRINT CLEARLY

|   |                        |                                |  |
|---|------------------------|--------------------------------|--|
| Player name   |                        |                                |  |
| Parents name(s)   |                        |                                |  |
| Address   |                        |                                |  |
| City  | Prov.                  | Postal Code                    |  |
| Home Phone (    )   | Cell (    )            |                                |  |
| Parent email address  |                        |                                |  |
| Team Name   | Coach                  |                                |  |
| Age Group   | Div                    | Gender    M / F                |  |
| <b>Reason for Request:</b> (please outline financial need. EYSA may contact you to provide income information to confirm need – use back of form if more room is required.)   |                        |                                |  |
|   |                        |                                |  |
| Gross monthly income:   |                        | Number of people in household: |  |
| 1. Are you supported by KidSport, Jumpstart, Social Services or Open Door Society this season? Y or N<br>Previous season(s) Y or N<br><br>2. Funding amount required? _____<br><br>3. Nature of expenses*? _____<br><i>*eligible expenses include: Academy fees, provincial/national team travel, and up to 1(one) tournament. **coaches' gifts, social events (including team windup), team purchased gear are not eligible for coverage**</i> |                        |                                |  |
| Date  | Signature of Applicant |                                |  |
| Please note: Payment will be mailed directly to team manager. We will contact them to confirm amount and get a mailing address.   | Manager name: _____    |                                |  |
|   | Manager email: _____   |                                |  |

Office Use:

|                     |              |                         |
|---------------------|--------------|-------------------------|
| <u>Approved by:</u> | <u>Date:</u> | <u>Approved amount:</u> |
|---------------------|--------------|-------------------------|

|  |      |       |       |
|--|------|-------|-------|
|  | CHQ# | Date: | Init. |
|--|------|-------|-------|