

Eastside Youth Soccer Association Inc.

Request for Financial Assistance



Mail completed form to:
 Box 407, 8B - 3110 8th St E Saskatoon SK S7H 0W2
 OR email completed form to:
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	
Reason for Request: (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 Previous season(s) Y or N 2. Funding amount required? _____ 3. Nature of expenses*? _____ <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>
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	CHQ#	Date:	Init.
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