

Valley Soccer Association Ways and Means Application Form



Player Name: _____ Age Group: _____ Season: _____

Parent/Guardian Name(s): _____

Address: _____ City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

Amount Being Requested (\$): _____ Amount Applicant is Able to Pay (\$): _____

**Please attach proof of application/response from 3rd party funding (KidSport, Jumpstart, etc.)*

Please provide a short summary of why the request should be approved. Details can include, but are not limited to the following: financial need, family situations, past commitment to volunteerism within the organization, future commitments to volunteer within the organization, helping with fundraisers and tournaments, etc.:

Please provide contact information of someone who can speak to the applicants financial or social barriers (i.e. Principal, teacher, healthcare professional, social worker, etc.):

I, **the applicant**, commit to fulfilling the participants duties to the team, town/club and the Valley Soccer Association, which includes, but is not limited to: games, practices, volunteer expectations, etc. Any applicant that is approved of funding must be willing and able to fulfil their town/association's required volunteer commitments if applicable.

I acknowledge that I am aware that providing false or misleading information will result in a denial of my application.

Signature of Parent/Guardian(s): _____

Office Use Only	
Date/Time Application Received:	Approved / Denied