

RYSA Competitive Soccer REQUEST FOR FINANCIAL ASSISTANCE

Financial assistance is available to assist those players who are not able to afford the total costs associated with playing on the competitive team. **Financial assistance is limited to no more than 80% of the registration fee per season - there is no financial assistance for team fees or uniforms.** Therefore, it is very important that a player and family review the potential additional expenses prior to committing to playing competitive soccer. These additional expenses can range from \$50 - \$100 or more in team fees (typically increasing with age), plus transportation costs to away games and tournaments.

The primary criterion for qualifying for financial assistance is eligibility/participation in the Free and Reduced Lunch Program. Applications for a financial assistance must be made by a player's parent or guardian. Financial assistance applications will be held in confidence between the parent/guardian and RYSA.

PLAYER INFORMATION

Name	
Birth Date	

PARENT/GUARDIAN CONTACT INFORMATION

Name	
Phone Number	
E-mail Address	

REQUEST INFORMATION

Travel Soccer Season (e.g., Summer 20112)	
Amount of Assistance Requested	= \$

DEADLINE FOR SUBMISSION. Within one business day of the end of the registration period for the season that financial aid is requested. Scanning & e-mailing is acceptable.

FREE AND REDUCED LUNCH PROGRAM ACCEPTANCE LETTER. Please submit a copy of your letter of eligibility for the Free and Reduced Lunch Program with this request. This eligibility is the primary means that RYSA uses for qualifying individuals for financial assistance.

FAMILY EXPECTATIONS. It is expected that a family receiving financial assistance will not only abide by the Player and Parent Responsibilities outlined in the RYSA Competitive Soccer Manual, but will also volunteer for at least one RYSA volunteer opportunity that is not related to the RYSA sponsored soccer tournament. Failure to meet these expectations may result in a lack of future consideration for financial assistance.

PARENT/GUARDIAN ACKNOWLEDGEMENT. By signing below, I acknowledge that I have read this form and understand the limits of RYSA financial assistance, that there may still be team fees to pay in addition to the registration fee, and that there are certain expectations that I must meet as a recipient of financial assistance.

Parent/Guardian Signature

Date

Mail to: RYSA, 380 Woodlake Drive SE, Rochester, MN 55901
 Questions: rysaoffice@gmail.com