



West Marin Youth Soccer League

Scholarship Application

Parent Name: _____

Player Name: _____

Requested amount of Aid *per player* (please check one):

- I can afford to pay the scholarship application fee (\$60 for registration before July 1 or \$85 for registration on or after July 1st)
- I can afford to pay more than the Scholarship Application fee, but not the entire cost of the program.
- I cannot afford the Scholarship Application fee nor the cost of the program due to severe financial hardship at present.

I, _____, certify that my application for scholarship is in good faith and truthfully based on financial need at present. I agree to provide documentation of my financial status in support of this application should it be requested by WMYSL.

Parent Signature: _____

Date: _____

Please mail this application together with a check (or money order) of the appropriate amount made payable to "WMYSL" to the following address:

WMYSL
PO Box 84
Fairfax, CA 94978