



Building Character through Soccer Since 1983

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Player Financial Assistance Application (One player request per form)

Financial assistance is potentially available to youth players who otherwise could not afford the fees associated with joining a Saratoga Wilton Soccer Club (SWSC) team. It is the intention of the SWSC that youth players interested and committed to playing soccer for the Club not be denied due to extenuating financial circumstances. If financial assistance is not approved, any deposit made for the program will be refunded.

Complete this application in its entirety and mail it to the address provided above.
This application will remain confidential.

Player's Name _____
Address _____
Street, City, Zip _____

Parent/Guardian Name _____
Phone (Home) _____ (Cell)- _____ (Work) _____
Parent/ Guardian E-mail address: _____
SWSC team _____
Birth Date _____ School _____ Grade _____
Years in SWSC _____

Amount family can contribute \$ _____ Amount of Financial Assistance Requested \$ _____

Father/Guardian Place of employment _____ Occupation _____
Mother/Guardian Place of Employment _____ Occupation _____

Applicant lives with: One Parent _____ Two Parents _____ Other _____

Gross Family Income

Under \$15,000	_____	\$35,000 - \$40,000	_____
\$15,000 - \$20,000	_____	\$40,000 - \$50,000	_____
\$25,000 - \$30,000	_____	\$60,000 - \$70,000	_____
\$30,000 - \$35,000	_____	Over \$70,000	_____



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PO Box 1292
Saratoga Springs, NY 12866
www.saratogawiltonsoccer.com

Dependents living in household

Age

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you receiving Federal or State assistance such as AFDC, Social Security, food stamps, Social Security/SSI? _____

If yes, what type _____

Particular circumstances, which make financial help necessary: (i.e. medical bills, unemployment, needs of several children, etc.) **Please fill out this section as completely as possible. Add additional sheet if needed. This extra information helps the committee make its decision.**

I understand this information will be kept confidential and will only be seen by authorized personnel in deciding on financial assistance.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY	
Financial Award Granted \$	_____
Account Code	_____
Date	Signature _____