



West Marin Youth Soccer League Application for Scholarship and Financial Aid

To our Scholarship and Financial Aid Applicants: Enclosed please find the information and forms you need to be considered for financial assistance with the West Marin Youth Soccer League. We fundraise each season to assist families in the West Marin community who would not otherwise be able to participate in the soccer league.

Applications are due by 6pm on July 15th, 2025. Please email us the completed application. **Applications received after this deadline may not be eligible to receive any award if all allocated financial aid has already been granted.** MINIMUM PAYMENT FOR SCHOLARSHIPS \$100.00.

Financial assistance is provided in the form of required fee subsidies. The amount of the subsidy is determined by the WMYSL Scholarship Committee, which includes members of the WMYSL Board of Directors. All information furnished to the Scholarship Committee is held and reviewed in strictest confidence. We destroy the Scholarship and Financial Aid Application and all the supporting documents 1 year after they are reviewed.

Applicants are required to submit a completed financial aid request form that demonstrates short-term financial need prior to the stated deadline. **Incomplete applications will be returned and will not be evaluated.**

A complete application will include:

- A complete and signed application (this document)

A financial aid award, once granted, will be renewed in subsequent seasons only with an updated application and required documents. You must re-apply for assistance each season. In addition, if, after a subsidy has been granted, the Scholarship Committee receives information that the family's situation has changed, an updated application may be requested for re-evaluation.

The Scholarship Committee allocates available funds based on relative financial need of each applicant, without regard to race, religion, cultural affiliation, or any other consideration made unlawful by federal, state, or local laws.



Part I

Financial Aid Application Form

		For Ross Valley Breakers Use Only	
		Date Rec'd	Fee Deposit Rec'd
Date of Application:			

Player's Name:	
Additional Child(ren) in Household:	
Parent 1 Name:	
Parent 1 Address:	
Parent 1 Email:	
Parent 2 Name:	
Parent 2 Address:	
Parent 2 Email:	
Parent 1 Employer/Job Title	
Parent 2 Employer/Job Title	

Financial Aid Requested:	
Estimated Total Program Cost	\$ _____
Amount You Can Pay	\$ _____
Amount of Aid Requested	\$ _____



Part II

Reason for Request

Please explain the circumstances of the need and indicate if it is a permanent or temporary change. Please also attach additional information if necessary to help the WMYSL Scholarship Committee evaluate your request for assistance. Please indicate if your family is receiving any form of federal assistance such as Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.



Part III

Details on Circumstances

What is the total annual household income as shown on IRS Form 1040 page 1, line 22?
\$ _____

How many persons constitute the household?
Adults: _____ Minor Dependents (children): _____

Are there any unusual tax related circumstances? If so please explain in Part II. ☐ Yes ☐ No

Part IV

Signatures

The undersigned certifies that this information was provided by him/her and is true and correct. If there is a change in the financial situation of the undersigned and a subsidy is no longer required, the undersigned will advise the WMYSL as soon as possible.

Parent 1 Signature: _____ Date: _____ Print Name: _____

Parent 2 Signature _____ Date: _____ Print Name: _____



Thank you!

After completing your application, please email it along with all supporting documents to:

admin@westmarinsoccer.org

Once the WMYSL Scholarship Committee has communicated its decision to you, you will be expected to remit to the club the portion of fees for which you have not received financial assistance.

If you have questions, please contact: admin@westmarinsoccer.org