

WASA FINANCIAL AID APPLICATION

www.wadsworthsoccer.info
PO Box 504 Wadsworth, OH 44282

SEASON _____

WASA DIVISION
(INTERNAL USE ONLY)

PLAYER INFORMATION

LAST NAME _____ FIRST NAME _____ MALE/FEMALE _____ BIRTH DATE _____
ADDRESS _____
CITY _____ OH _____ STATE _____ ZIP _____
NEW PLAYER: ☐
If returning player, last season played _____

PARENT/GUARDIAN INFORMATION (CONTACT INFORMATION WILL BE USED FOR WASA COMMUNICATION ONLY)

FATHER'S NAME _____ EMAIL _____ PHONE () _____
MOTHER'S NAME _____ EMAIL _____ PHONE () _____
HOUSEHOLD ANNUAL TAXABLE INCOME _____ NUMBER OF DEPENDENTS _____ AMOUNT REQUESTED _____

PLEASE CHECK ALL THAT APPLY

___ MY CHILD IS ELIGIBLE FOR THE FREE/DISCOUNTED SCHOOL LUNCH PROGRAM
___ I AM ELIGIBLE FOR WELFARE, FOODSTAMPS OR OTHER GOVERNMENT SUPPORT DUE TO INCOME
___ IN THE PAST 1 YEAR I HAVE FILED FOR OR HAVE COLLECTED UNEMPLOYMENT OR DISABILITY BENEFITS
___ OTHER, THE FOLLOWING CIRCUMSTANCE SHOULD BE CONSIDERED WHEN DECIDING ELIGIBILITY:

WE NEED YOUR SUPPORT! PLEASE CHECK AREAS YOU WOULD BE WILLING TO HELP.

___ COACH _____ CONCESSION STAND _____ FUNDRAISING/SPONSOR
___ ASSISTANT COACH _____ REGISTRATION HELPER _____
___ TEAM PARENT _____ COORDINATOR/ADMIN _____ OTHER: _____

SIGNATURE

I, the parent/guardian for the above child am requesting WASA provide financial aid for the registration costs due to my Financial Hardship. I understand WASA may request additional documentation to support the information provided above.

X
PARENT GUARDIAN SIGNATURE _____ PARENT GUARDIAN NAME (PLEASE PRINT) _____ DATE _____

WASA WILL MAINTAIN THIS INFORMATION IN STRICT CONFIDENCE

		(INTERNAL USE ONLY)
PLAYER FEE	\$ _____	
UNIFORM FEE	\$ _____	TOTAL PAID \$ _____
DISCOUNT APPLIED	\$ _____	TOTAL AID APPROVED \$ _____
LATE FEE	\$ _____	
TOTAL DUE	\$ _____	PROCESSED BY _____ DATE _____