



**SHERWOOD YOUTH  
SOCCER CLUB  
FINANCIAL ASSISTANCE APPLICATION**

Please return to SYSC registrar by Tuesday, May 26

Sherwood Youth Soccer Club

P.O. Box 1266

Sherwood, OR 97140

Name:

Child's Name:

Address:

Phone Number:

E-Mail Address:

FINANCIAL ASSISTANCE OPTIONS: Please mark the box of the option chosen.

OPTION 1: 50% financial assistance, which covers 50% of the registration fee.

OPTION 2: 25% financial assistance, which covers 25% of the registration fee.

In order to qualify for financial assistance, you must have financial need and must be willing to volunteer at least 20 hours of your time to the Sherwood Youth Soccer Club during the year. You will be notified by SYSC in writing, no later than June 15, 2009, regarding the approval or denial of your financial assistance application. Please list the sources of your monthly household income and describe your financial need.

I have read and agree to the terms of the financial assistance eligibility requirements and I certify that the information I have provided is complete and accurate.

Parent Signature:

Date: