

Snoqualmie Valley Youth Soccer Association ~ Request to Play on Scholarship

The Snoqualmie Valley Youth Soccer Association is committed to providing every child in its boundaries an opportunity to participate on a soccer team, regardless of their family's ability to pay. We use the guidelines for the National Free and Reduced Lunch Program as our baseline for deciding financial aid eligibility.

Look at the charts below. Find your household size (all people living in your home who share income and living expenses). **Total household income** is: the income each member got last month/year before taxes, including wages, social security, pension, unemployment, welfare, child support, alimony, and any other income.

Income Chart Effective for 2010-2011 Playing Season

Household size	Yearly	Monthly		Household size	Yearly	Monthly
1	\$13,520	\$1,127		1	\$19,240	\$1,604
2	\$18,200	\$1,517		2	\$25,900	\$2,159
3	\$22,880	\$1,907		3	\$32,560	\$2,714
4	\$27,560	\$2,297		4	\$39,220	\$3,269
5	\$32,240	\$2,687		5	\$45,880	\$3,824
6	\$36,920	\$3,077		6	\$52,540	\$4,379
7	\$41,600	\$3,467		7	\$59,200	\$4,934
8	\$46,280	\$3,857		8	\$65,680	\$5,489
for each add'l family member add	\$4,680	\$390		for each add'l family member add	\$6,660	\$555

2010/2011 SnVYSA Registration Fees

U6-U7-U8	\$70
U9-U10	\$90
U11-U12-U13	\$100
U14-U19	\$115
Cascade FC all ages	\$180

50% Discount

\$35
\$45
\$50
\$57.50
\$90

35% Discount

\$45.50
\$58.50
\$65
\$74.75
\$117

Who Should Fill Out An Application? If your income is the SAME or LESS than the amount on the chart, or if you receive AFDC or Food Stamps.

Return the Application and your check made payable to SnVYSA for the scholarship amount to your Club Representative at registration or mail to: SnVYSA, PO Box 370, Carnation, WA 98014-0370. We will notify you if you are approved or denied.

Player's Name: _____ **DOB:** _____
Club (circle one): Carnation Duvall Fall City North Bend Snoqualmie Cascade FC

Names of All Household Members	Gross Monthly Earnings	Names of All Household Members	Gross Monthly Earnings
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given in order to determine eligibility to play soccer under the "scholarship" rate for SnVYSA; that Club officials must verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed **Name** and **Address** of Adult Household Member

Signature _____ Home Phone _____ Work Phone _____

ALL INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL