

## Almaden Soccer AVYSL Financial Assistance Request

PLAYER INFORMATION	
Last Name _____	First Name _____
School _____	Date of Birth _____
Season Playing _____	

FAMILY INFORMATION	
<u>Father:</u>	
Last Name _____	First Name _____
Phone _____	_____
Home address _____	
City / Zip Code _____	
Employer Name _____	JobTitle _____
<u>Mother:</u>	
Last Name _____	First Name _____
Phone _____	_____
Home address _____	Email _____
City / Zip Code _____	
Employer Name _____	JobTitle _____
#Children currently playing in AVYSL/AFC _____	
#Years participating in AVYSL/AFC _____	

Amount of financial assistance requested \$ \_\_\_\_\_ (maximum 50% of yearly fee)  
 Enter \$0 above if you are only requesting an alternate payment plan.

This form must be submitted via email or direct mail along with a copy of your W2's and most recent tax return. Please email scanned files to [tjohnkjohn@aol.com](mailto:tjohnkjohn@aol.com) (cell phone photos of documents will not be accepted. Scanned copies only.) If you do not have a scanner, you may also mail hard copies to Kelly Johnson, PO Box 20491 San Jose, CA 95160.

Reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notes: All families receiving financial assistance are required to perform the league-required 4 hours of volunteer service. If your family financial situation improves, you may be asked to pay additional fees. Non-payment of amount owed may result in suspension from the league.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Form may be emailed to [tjohnkjohn@aol.com](mailto:tjohnkjohn@aol.com)

Official Use Only:	Date Received:	Decision:
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