



New York State West Youth Soccer Association, PO Box 1014, Webster, NY 14580
Phone (607) 962-9923; (800) 789-4806; Fax (607) 962-0525
Website: www.nyswysa.org; Email: office@nyswysa.org

OLYMPIC DEVELOPMENT PROGRAM

Request for Financial Aid

The New York State West Youth Soccer Association has a limited amount of financial aid to assist parents with the costs of participating in ODP. To request financial assistance, please fill out the form below and either mail it to NYW State Office, PO Box 1014, Webster, NY 14580 or send it electronically to Meghan McAllister: mmcallister@nyswysa.org. Please include copies of your previous two year's tax returns. One parent or guardian must sign the form. A \$50 application fee must be submitted with the application (check can be made out to NYSWYSA or credit card payment is accepted by contacting Meghan McAllister: (607) 962-9923, Option #1 Finance).

Player Name: _____ Birth Year: Male/Female _____

Address: _____ Phone: _____

Email: _____

Check ALL programs for which the player is requesting financial aid.

☐ Indoor Training ☐ Outdoor Training ☐ East Region ODP Tournament

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

If you own a home, list your current equity (market value – mortgages): \$ _____

If you rent, state your monthly rent: \$ _____

Net worth of your current investments: \$ _____

Other factors to be considered: _____

Note: The information requested needs to be supplied only once per seasonal year. I understand the Request for Financial Aid form, copies of tax returns and the application fee must ALL be submitted before a determination of financial aid eligibility can be made.

I declare under penalties of perjury, that the above information is true and accurate:

Signature of Parent or Guardian: _____ Date: _____