Northshore Youth Soccer Association

Reduced Fee Application for FC Alliance Players

PLAYER(S) NAME	BIRTHDATE

List all current NYSA/FCA players from this family: _____

_____

Please submit the following paperwork to request a reduced registration fee:
These forms can be downloaded at www.fcalliance.com, Team Management, Forms

1. This completed application – FCA Scholarship Form
2. FCA Player Registration Form
3. Parent Player Agreement Form
4. Medical and Transportation Release Form
5. $20 minimum payment
6. A copy of one of the qualifying documents* listed below:

- Free school lunch program
- Welfare coupons
- Aid for Dependant Children
- Childcare assistance
- Food Stamp Program
- Medicaid

*If you meet government low-income standards, but do not participate in any of the above listed programs, please submit proof of income (last year's IRS form 1040).

Amount you are able to pay per player _____ ($20 minimum per player)

PARENT/GUARDIAN NAME			
ADDRESS		CITY	ZIP
HOME PHONE	WORK PHONE	EMAIL	
PARENT/GUARDIAN SIGNATURE			DATE

Note: Families requesting scholarship are encouraged to provide volunteer efforts for the team and club.

For Club Use Only

Documentation Reviewed:

_____ Qualifying Documents Submitted

_____ Income Tax Returns

_____ Date Received ☐ Denied ☐ Approved

Club Recommendation: ____ Approved ____ Denied

Club President _____

Club Registrar _____

Club _____

Date _____

Parents notified on _____

Comments: _____

_____

_____

Questions? Please contact registrar@fcalliance.net