



Delaware Youth Soccer Association  
222 Benjamin Boulevard Bear, Delaware 19701  
Office 302-584-0008  
Member of the United States Youth Soccer Association & United States Soccer Federation



### Delaware Youth Soccer Financial Assistance

Delaware Youth Soccer Association is a non-profit, volunteer driven organization dedicated to the healthy development of the youth of our community through the sport of soccer. As our players are trained in the skills of the game, there are many valuable life lessons to learn in a group sport setting. It is our hope and intent that this will guide our youth to be well balanced, goal oriented, volunteer minded adults who will continue to contribute to the betterment of their community and children. To that end, we feel that every child who wants to participate in the sport and the learning should have the opportunity. While the funds are limited, the financial assistance program makes this opportunity available to those in the greatest need in our community.

Financial assistance will be considered on an individual basis and once the funds are exhausted for the season, no more aid will be given.

- The DYSA ODP Financial Committee and Executive Director will consider many factors when reviewing financial assistance requests. Please submit a brief paragraph stating any relevant information.
- Applications for financial assistance must be made by a player's parent or guardian. All applications will be held in confidence between the parent/guardian and the DYSA ODP Financial Committee and Executive Director. Requests for financial assistance must be made each year. Financial assistance in one season does not guarantee assistance in future seasons.
- The expenses covered by financial assistance is limited to registration only. Financial assistance does not cover uniforms or travel expenses.
- Financial assistance to a player may be terminated if the financial situation is resolved, funds become unavailable, or if the player is deemed in conflict with the program requirements for player commitment or behavior.
- Deadline for requests is December 31, 2018

### How does DYSA Award Financial Aid?

DYSA uses the US Government Federal Poverty Guidelines (Department of Agriculture – Food and Nutrition Service – Child Nutrition Programs; Income Eligibility Guidelines) for decisions on awarding Financial Aid.

- First priority: Those players receiving free lunch benefits (or family income at 130% of poverty level or below)
- Second priority: Those players receiving reduced lunch benefits (or family income at 185% of poverty level or below)

- Third priority: Those families at 250% of poverty level
- Fourth priority: Those families at 300% of poverty level. Financial Aid in this category will only be partial

### **How much Financial Aid is Awarded and What does it Cover?**

Financial Aid will only cover registration fees. It will not cover uniforms or any travel expenses. Partial awards may be made. Families would then be responsible for the balance that is due.

### **When are Payments Due?**

If Financial Aid is awarded and a balance remains, the family will begin to make payments on the balance the first day of the month after they receive Financial Aid. All fees must be paid in full by April 1st and no later than April 15<sup>th</sup>.

### **How do I Apply?**

A completed financial aid application for each player must be submitted before the deadline and contain all items listed below:

1. A completed and signed DYSA Financial Aid Application, and
2. A copy of one of the supporting documents listed in the application

Incomplete applications will not be reviewed and will be returned to the applicant. Financial Aid applications received after the deadline will be considered in the order in which they were received and provided there is still aid available.

### **Player Obligation for keeping or receiving future Financial Aid**

- I will take responsibility for knowing about ODP and ODP team activities and updates by reading team and ODP emails and checking the ODP website
- I will be on-time and attend **ALL** practices, games, tournaments and camp activities and notifying my coach in a timely manner if I will be tardy or unable to make practice, game, tournament or camp activity
- I will communicate with my coach and listen to him/her as well
- I will focus and work hard during all team events
- I will practice my soccer skills and conditioning on my own
- I will respect my teammates, referees, opposing players and coaches
- I agree to abide by the ODP Code of Conduct
- I will commit to attending all practices, games, tournaments and camps

### **Parent obligation for receiving Financial Aid**

- I will be responsible for knowing about team activities and updates by reading emails and checking the ODP website

- I will be responsible for any costs associated with uniforms and travel to and from practices and any fees associated with tournaments
- I will ensure that my child attends and participates in all practices, games, tournaments and camp activities
- I will ensure that my child is on time for all events
- I will actively contact the other parents on the team should my child need a ride to practice or games if I am unable to provide such. I will notify coach in a timely manner if my child is unable to attend an event or will be tardy.
- I will commit my child's attendance to ALL team activities
- I will be supportive, encouraging, and affirmative in regard to my child's play on the field
- I will familiarize myself with the ODP program and guidelines and accept their decisions
- I will not engage in any kind of unsportsmanlike conduct with any official, coach, players or parent
- I will support the coach and the team and not interfere anytime with the duties and responsibilities of the coach
- Accept the coach's decision (playing time, player position, tactics, etc) and not be detrimental to a positive playing environment
- Comply with the rules, policies, directions and procedures of the team, ODP Administrators and DYSA Board Members

My player and I have read the above conditions for receiving financial aid. We understand and agree to comply with these conditions. Approval for DYSA financial aid does not guarantee a right to continued participation. Applicants must re-apply each year. It is the expectation of DYSA ODP that recipients of financial aid demonstrate dedication through consistent attendance at team practices, games, tournaments and camps. Failure to adhere to these guidelines will result in the forfeiture of the financial aid.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Player



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DYSA Financial Aid Application

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ODP Age Group: \_\_\_\_\_

Financial Aid Amount Requested: \_\_\_\_\_ Note: Funds will only cover registration fees and cannot be used for uniforms or travel expenses.

To be eligible for financial aid you must provide the following:

1. Attach a detailed one paragraph letter explaining why you are requesting assistance.

AND

2. Are you the only person filing taxes in your home? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Copy of ALL 2017 Federal Tax 1040 forms with all W-2's and 1099's filed by all members of the household. If you are self-employed you must provide a Schedule C

AND

4. One of the following documents (any one of the following documents are acceptable as verification of your household income)

Please indicate with an "X" which one you are providing as part of your application:

\_\_\_\_\_ Current Proof of Eligibility for Free or Reduced Lunch Program

\_\_\_\_\_ Current Proof of Eligibility for Woman Infant and Children Program (WIC)

\_\_\_\_\_ Current Proof of Eligibility for Temporary Assistance to Needy Families Program (TANF)

\_\_\_\_\_ Current Proof of Eligibility for Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps

How many ODP players \_\_\_\_\_ are in your household?

What school does your child attend? \_\_\_\_\_

**Parent's Employment**

Father's Employer \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Duties: \_\_\_\_\_

I certify that the information provided is true, complete and accurate. I realize that financial assistance to a player/family may be terminated if the financial situation is resolved, funds become unavailable, or if the player is deemed in conflict with DYSA/ODP requirements for player commitment or behavior. I realize that financial assistance is not guaranteed for subsequent years and may be revoked if information provided above has been determined to be falsified.

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail form and supporting documentation to:

DYSA Financial Aid  
222 Benjamin Blvd.  
Bear, DE 19701

\_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE-FOR DYSA USE ONLY** \_\_\_\_\_

Date received: \_\_\_\_\_ Documentation received: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_ Acceptance Letter sent: \_\_\_\_\_