



## East Diablo Youth Soccer League Soccer Start Guidelines

### Overview

The EDYSL Soccer Start Program is intended to provide opportunities for financially disadvantaged players to participate in EDYSL soccer programs.

Qualifying EDYSL soccer players may apply for Soccer Start. Please be aware that EDYSL will not be able to meet 100% of the financial aid needs. The amount of financial aid given will be determined by the number of applicants requesting financial aid, the extent of the need and the budgeted amount for financial aid.

A Player's parents/legal guardians must submit an application and provide the most recent financial documentation: proof of earnings or unemployment statement.

All applications must be submitted by the published deadlines for consideration. The EDYSL Soccer Start Committee will consider all eligible applications and notification will be made to the applicant within 14 days after the deadline.

Soccer Start recipients and their parents/legal guardians must each provide 5-10 hours of volunteer service to the club. Volunteer hours are determined by the amount of financial aid given. They are not eligible for volunteer fee reimbursements. Registration forms and fees must be completed upon award notification.

### Criteria

The following criteria and rules are applicable to players seeking to apply for an EDYSL Soccer Start:

- Must be registered with EDYSL and participating in an EDYSL Soccer Program
- Must be a player in good standing with EDYSL
- Must submit an applications and provide the most recent proof of earnings to the league **BY THE APPLICATION DEADLINE (see schedule below)**
- A player cannot receive financial aid 2 consecutive years

### Application Deadlines

- **Mar 30** U9-U14 Applications Due (competitive program)
- **Apr 20** Recreational Program
- **Apr 27** U4-U19 Applications Due (competitive program)



# Soccer Start Application 2010 / 2011 Season

**Submit completed application to:**

EDYSL Soccer Start Committee

1145 Second Street, A-232

Brentwood CA 94513

Please submit this form, along with your **most recent financial documentation: proof of earnings or unemployment statement**, to the Soccer Start Committee for review. Please be aware that EDYSL will not be able to meet 100% of the financial aid needs.

**FULFILLING VOLUNTEER HOURS IS A REQUIREMENT FOR RECEIVING SCHOLARSHIP**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List all children in your family, and whether they are registered with EDYSL:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Player: \_\_\_\_\_ yes \_\_\_\_\_ no

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Player: \_\_\_\_\_ yes \_\_\_\_\_ no

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Player: \_\_\_\_\_ yes \_\_\_\_\_ no

How many years has your family been a member/playing in EDYSL? \_\_\_\_\_ years

How would you like to volunteer your time for EDYSL?

Referee \_\_\_\_\_ Fundraising \_\_\_\_\_ Field Lining/Setup \_\_\_\_\_ Special Projects \_\_\_\_\_

Other (specify): \_\_\_\_\_

Please state your reasons for applying for registration scholarship: \_\_\_\_\_

**EDYSL reserves the right to discontinue any financial aid, at any time, if the information provided herein is deemed false.**

**By signing below, you agree and accept the scholarship requirements of EDYSL:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_ Approved: \_\_\_\_\_ Amount: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_