



PREMIER S O C C E R



Union City Youth Soccer League

P.O. Box 546 Union City, CA 94587 www.ucysl.org and www.ucpremier.org

LEAGUE FINANCIAL AID REQUEST

The amount of financial aid available is limited. Please fill out this form completely and ***ONLY REQUEST THE AMOUNT YOU CANNOT PAY***, along with copy of last year W2, 1040 income tax form, and a current copy of county issued medical health card. Submitting this form & documents does not guarantee you will receive financial aid. Your application, along with required documentation, will be reviewed by the Board of Directors for final decision. *Note, 15 volunteer hours MUST be completed prior to receiving financial aid. A financial aid hours completed sign-off sheet will need to be completed and turned in with this form before application is accepted.*

Recipient Information (Please print)

Player Name:			
Player Address:			
Family Phone #		Family Email:	
Parent #1 Name		Parent #2 Name	
Parent #1 Phone#		Parent #2 Phone#	
Team Name		Age Group	
Coach Name		Team Manager	

Sibling in Household:

1. Name		Age		UCYSL/ UC Premier Player?	YES or NO
2. Name		Age		UCYSL/ UC Premier Player?	YES or NO
3. Name		Age		UCYSL/ UC Premier Player?	YES or NO
4. Name		Age		UCYSL/ UC Premier Player?	YES or NO

Sponsorship Requested Amount:

Did you receive financial aid last season/yr? If so, how much?	\$
How much financial aid towards your registration fees are you requesting?	\$
Please state your reason(s) for requesting financial aid	

We hereby request financial aid from UCYSL/ UC Premier.

Parent/ Guardian Signature

Date

Board Use Only- Application Approval YES or NO

Amount Approved: \$ _____



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VOLUNTEER HOURS SIGN-OFF FORM

Prior to receiving financial aid, 15 volunteer hours must be completed in order to have your financial aid request approved. Financial aid hours must be completed at one of the league events listed below, and must be validated and signed off by a UCYSL/ UC Premier Board Member. Please indicate which of these events you are able to fulfill your volunteer hours.

Volunteer Information (Please print)

Player Name:			
Team Name		Age Group	
Name of Person Volunteering		Volunteer Phone# & Email address	

UCYSL/ UC Premier Events:

League Event	Month of Event	Available for this event?	Check in time:	Check out time:	Hours Completed	Board Member verifying completed hours (Name, signature, Date)
1. Spring Opening Day	April	YES or NO				
2. Heat Wave Tournament (Spring)	April	YES or NO				
3. Fall Registration	May- July	YES or NO				
4. Summer 4 v 4	July - August	YES or NO				
5. Norcal Play Date	July	YES or NO				
6. Fall Soccer Palooza	September	YES or NO				
7.						

I hereby acknowledge I must complete 15 hours of volunteer services to UCYSL/UC Premier as a prerequisite for financial aid. Should minimum 15 hours not be completed as agreed upon, financial aid will be denied and full registration fees will be due per normal collection process.

Parent/ Guardian Signature

Date