



New York State West Youth Soccer Association, 41 Riverside Drive, Corning, NY 14830
 Phone (607) 962-9923; (800) 789-4806; Fax (607) 962-0525
 Website: www.nyswysa.org; Email: office@nyswysa.org

OLYMPIC DEVELOPMENT PROGRAM

Request for Sibling Discount and/or Financial Discount

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 you must fill out the form below and mail it back to the NYW State Office, 41 Riverside Dr., Corning, NY 14830. Please include copies of your previous two year's tax returns. One parent or guardian must sign the form. Any financial aid or discount awarded will be applied toward the cost of the particular program(s) for which you are seeking assistance.

Player Name: _____ Birth Year: Male/Female _____

Address: _____ Phone: _____

Email: _____

- We wish to apply for a Sibling Discount (check off to the left). The following siblings have been chosen for the same program.

Player Name: _____ Birth Year: Male/Female _____

Note: The information requested below (except for signature and date) needs to be supplied only once per seasonal year – unless there are changes which should be brought to the attention of NYSWYSA. The financial information and tax return copies requested are not required if you are applying for the Sibling Discount only.

- We wish to apply for financial assistance (check off to the left). Please include a check for \$50.00 (payable to NYSWYSA) when submitting this application.

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

- Indoor Training Outdoor Training Region 1 Tournament/ID Camp

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: _____

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

Signature of Parent or Guardian: _____ Date: _____