



## 2008 – 2009 Financial Assistance Application

**Limited financial assistance for Spokane Shadow Youth Soccer Club dues is available to those who demonstrate their need for assistance. Documentation is required. All information submitted will remain confidential.**

**Each family applying for financial assistance must complete and submit an application by mail to the address below ONE WEEK after your child's acceptance to the Club.**

Name of person making request: \_\_\_\_\_

Relationship to Shadow player: \_\_\_\_\_

Name(s) of players: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Total number of children in the household under age 18: \_\_\_\_\_

Number of adults: \_\_\_\_\_

Please briefly describe your personal circumstances and reasons for applying for financial assistance:

WHAT CAN YOU AFFORD TO PAY TOWARD CLUB DUES?

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please enclose documentation about public assistance your family receives.
- Complete this form and mail ONE WEEK after your child's acceptance to:

Spokane Shadow Youth Soccer Club  
c/o Board Treasurer  
P.O. Box 6521  
Spokane, WA 99217