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**WESCO UNITED**

**Financial Aid Application**

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All registrations are subject to a minimum payment per player.

- For children of parents or guardians who are covered by Sonoma Works (formerly AFDC), are enrolled in Medi-Cal, receive SSI Disability, or Section 8 Housing Assistance, the balance of fees will be waived upon presentation of an Action Notification Letter (Sonoma Works), Social Security Disability Award Letter, Medi-Cal ID card or Section 8 grant award letter.
- People who do not meet the above criteria may write a letter to the WESCO Player Aid Committee stating the reason(s) they are requesting a waiver of fees.

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Your Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

For all children registering with WESCO United, please list the name and birth year:

Player name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Player name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Player name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Player name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Player name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Player name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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**Your child will not be registered until payment or player subsidy arrangements have been made. You can turn in this form and a copy of your qualifying documents with your registration, email to [FA@wesosoccer.org](mailto:FA@wesosoccer.org) , or mail to:**

WESCO Player Aid Committee  
P.O. Box 423, Sebastopol, CA 95473

By signing, I acknowledge the following:

⇒ I understand that I may be called upon to provide assistance during League Tournaments or other events.

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

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**Official Use Only**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Qualifying Document Received: ( ) document expiration date: \_\_\_\_\_

Letter Received: ( )