



WESCO UNITED

Financial Aid Application

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.

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: _____

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@wescosoccer.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: _____

Official Use Only

Received by: _____

Date Received: _____

Qualifying Document Received: () document expiration date: _____

Letter Received: ()

Form **Financial Aid** (03/2021 kw)