

**2026-2027 Financial Aid Application**

- Complete form in its entirety
- Attach pertinent information
- E-mail to Staff or mail to club PO Box Office
- DEADLINE: June 21, 2026**

**Wilson Youth Soccer Association**  
**PO Box 3112**  
**Wilson, NC 27895**  
**Phone: (252)266-1324**  
**E-mail: christopher.a.mizelle@gmail.com**  
**Website: www.wysasoccer.com**

<b>SECTION 1: Player Information</b>			
Last Name	First Name	M.I.	
Mother's Name	E-Mail	Phone	
Father's Name	E-Mail	Phone	
Permanent Home Address (street, city, state, zip code)			
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (Month/Day/Year)	Years Active in WYSA	
Household Size Two-Parent Home <input type="checkbox"/> Single Parent Home <input type="checkbox"/> Children ages 11-18 _____ Ages 10 & Under _____			
Current School	School Type Public <input type="checkbox"/> Private <input type="checkbox"/>	If attending private school, tuition cost? \$	
Sibling(s) Active in WYSA (Name, Age Group, Gender)			
<b>SECTION 2: Financial Information</b>			
Monthly Household Net Income (All Household Earners) \$	Mortgage/Rent \$	Average Monthly Electric & Water \$	
Additional Assistance Received (check all that apply) Medicare/Medicaid <input type="checkbox"/> Welfare/Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Child Support <input type="checkbox"/>			
Father's Place of Employment	Employment Status Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Phone	
Mother's Place of Employment	Employment Status Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Phone	
Additional Significant Expenditures and/or Pertinent Information			
<b>*For verification purposes, attach a current (within the past 90 days) paystub of parent(s)/guardian(s) in addition to documentation of any relevant expenses (including, but not limited to, recent utility bill, car payment, etc.) Failure to include documents will result in denial of aid.</b>			
<b>SECTION 3: Signature/Certification</b>			
<i>To the best of my knowledge, I hereby certify that the above information is correct and understand that falsification of information will result in forfeiture of aid.</i>			
<b>Parent/Guardian Signature</b> _____			
<b>SECTION 4: Office Use Only</b>			
Received By (Authorized Official)	Date	Status Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Award Amount \$
<b>CONFIDENTIALITY STATEMENT</b> All information included herein shall be used for the sole purpose of determining need for an award of scholarship/financial aid by the Wilson Youth Soccer Association, Inc. All applications and any accompanying documents received and/or requested are strictly confidential between the applicant, Scholarship Committee, and Board of Directors. At no time shall any of the above information be made available for public consumption or review. All applications and accompanying documentation shall remain on file for the duration of the seasonal year (2026-2027) with Wilson Youth Soccer Association, Inc. for record-keeping purposes.			
<b>DISBURSEMENT CLARIFICATION</b> All amounts awarded shall be applied to remaining club dues owed following the <b>initial, non-refundable deposit/commitment fee</b> . Awards cannot be applied to the initial, non-refundable deposit OR any applicable team fees that are in addition to the membership dues owed. Request for voluntary release from the club for circumstances beyond injury, relocation, or the like shall result in the applicant reimbursing the club in full for the awarded amount. Awards shall be processed no later than August 1, 2026, with notification of award status and amount provided to the parent/guardian by e-mail within 7-10 business days.			