



**2026 Season - Windsor Youth Soccer League
Application for Player Assistance – Confidential**

PLAYER INFORMATION (1)	
Name:	Age/gender:
School:	Grade:

PLAYER INFORMATION (2) <i>(please attach a separate form if you have more than 2 children you are applying for)</i>	
Name:	Age/gender:
School:	Grade:

PARENT/GUARDIAN INFORMATION	
Name:	Relation to player:
Street address:	
Email address:	Phone number:

Evidence of financial need
Please explain why you are requesting financial aid (attach separate sheet if needed):
How much financial aid in total is requested (enter dollar amount)?

Certification by Parent or Guardian with whom player resides

- I am/We are hereby applying for financial aid from Windsor Youth Soccer League to benefit the player named above.
- I/We certify that all information submitted in and with this application is truthful and accurate.

Signed:	Date:
Print Name:	Relation to Player(s):

Email this form to registrar@windsorsoccer.com. Scholarship approvals prior to registration will be given a code, otherwise you will be reimbursed in the amount approved.