



# FREMONT YSC COVID-19 FINANCIAL SUPPORT

Fremont Youth Soccer Club is a family, and at this time of need and support, we aim to make sure everyone player continue in the program while we all feel the strain of the socioeconomic climate, we now find ourselves in due to the widespread pandemic.

We ask that people continue to support the program through this difficult time, and in turn we can help those who are in the short-term need. While the virus is a medical concern for many with the damage it can do to physical health, the psychosocial health of many players can be affected due to the reduced amount of social interaction with others in a personal environment.

***Please fill in the appropriate sections below to apply for the COVID-19 Financial Support.***

## **Section 1 – Applicant & Player Information**

Applicants Name \_\_\_\_\_

Applicants Contact Number \_\_\_\_\_

Applicants Email Address \_\_\_\_\_

Player Name \_\_\_\_\_ Player Date of Birth \_\_\_\_\_

## **Section 2 – Player Program & Employment Information**

Team Name (e.g. 06 BBP) \_\_\_\_\_

Requesting monthly training fee to be (\$/per month) \_\_\_\_\_

Type of Employment [ ]

Self Employed (plumber/electrician, etc.) [ ]

Small Business Owner [ ]

Independent Contractor (gig economy) [ ]

Freelance (journalist/reporter) [ ]

Most recent place of employment \_\_\_\_\_

Income reduced from loss of hours [ ]

Income reduced from loss of job [ ]

Income reduced from impact on business [ ]

Estimated Gross Family Income for Current Year \_\_\_\_\_

Further Information to be considered for your application \_\_\_\_\_

## **Section 3 – Sign and Date**

All the information provided above is true and correct, and all supporting information is accurate.

Name (printed) \_\_\_\_\_

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