



**To: ODP / YOP Parents and Players**  
**From: NMYSA Board of Directors**  
**Re: Financial Assistance**

Within budgetary constraints, financial assistance is available, based on individual necessity, for all eligible pool players participating in the NMYSA Olympic Development and Young Olympian Programs. Should you wish to apply for assistance the attached form must be completed and sent to the NMYSA Board of Directors.

Financial assistance is governed by clauses 5.13.3 and 5.14 of the NMYSA's Financial Policies and Procedures. These policies are posted on [www.nmysa.net](http://www.nmysa.net), and are available from the state office, 505-830-2245. Financial assistance is available for properly registered NMYSA players who are in good standing. Individuals participating who are registered in adjacent states should contact their local league and state youth soccer association for assistance.

These policies state that participation in the YOP and ODP Programs shall be conducted on a paid-in-advance policy. Individuals in need of financial assistance may request in writing through the state office for partial refunds of fees and expenses incurred as part of NMYSA-sanctioned activities.

All requests need to be submitted on or before the event payment deadline for the event that assistance is being requested for.

Financial assistance shall be considered by a committee comprised of the cognizant Program Manager (e.g., Vice-President/Youth Commissioner if an ODP request), the State Financial Officer, and one other Board Member of the NMYSA (President, Vice-President/Youth Commissioner, etc.). Input from the Director of Coaching or other knowledgeable individual may be requested to arrive at consensus agreement.

Individuals who have demonstrated matching funds for their request from the league or club in which they are registered shall receive priority financial aid consideration from the NMYSA.

Should you have questions, please contact your District Commissioner.



**NMYSA - OLYMPIC DEVELOPMENT PROGRAM  
PLAYER ASSISTANCE FORM**

Within budgetary constraints, financial assistance is available, based on individual necessity, for all eligible pool players participating in the NMYSA Olympic Development and Young Olympian Programs. Please complete the information requested in detail.

***It is important that you contact your club and your league for financial assistance before requesting assistance from NMYSA as this documentation must be provided for your application to be considered.***

**PLEASE TYPE OR PRINT CLEARLY**

PLAYER NAME: \_\_\_\_\_ BIRTH YEAR: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: (H) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LEAGUE: \_\_\_\_\_

CLUB TEAM: \_\_\_\_\_ TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLEASE LIST THE EVENT AND FUNDING ASSISTANCE YOU ARE REQUESTING.

EVENT: \_\_\_\_\_ EVENT COST \$: \_\_\_\_\_

FINANCIAL ASSISTANCE REQUESTED \$: \_\_\_\_\_

**Please list any matching funds you can provide or other Funding you may have received and who provided them.**

SOURCE: \_\_\_\_\_ AMOUNT \$: \_\_\_\_\_

SOURCE: \_\_\_\_\_ AMOUNT \$: \_\_\_\_\_

SOURCE: \_\_\_\_\_ AMOUNT \$: \_\_\_\_\_

**PLEASE PROVIDE A BRIEF WRITTEN RATIONAL FOR THE FUNDING REQUEST ON THE BACK OF THIS APPLICATION. (You may attach any additional information you feel would be helpful to your request.)**

**Send this application and required documentation to:**

NMYSA Board Of Directors, 2825 Broadbent Pkwy NE, Suite D, Albuquerque, NM 87107

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FUNDING APPROVED: \$ \_\_\_\_\_ BOARD DIRECTOR: \_\_\_\_\_