



Castle Shannon Youth Association

Financial Aid Application***

Applicant Name (Please Print) _____

Contact Phone Number: _____

Preferred eMail Address: _____

Are you a Castle Shannon Resident? _____ Are you a single parent? _____

Has your child(s) ever played a CSYA-sponsored sport?
Baseball, Soccer, Basketball or Softball _____

How many children in your household under the age of
12 can sign up for CSYA Sports Programs? _____

Please take a moment to detail why you're applying for financial aid:

Signature: _____ Date: _____, 20__

The Financial Aid review board will consist on one Officer from the Castle Shannon Police Dept. and One Board member from the CSYA. All applications will be confidential to parties outside of the Financial Aid review board. Awards are meant to enable more children who may not be able to participate in CSYA sports due to financial issues to get that opportunity to play. Notice of award winners will be contacted prior to last CSYA sign-up date or March 1st.

***All applications must be received by February 28th to be eligible for consideration. Please remit completed application via postal mail or e-mail to:

Mail: CSYA PO Box 10412 Castle Shannon, PA 15234 or E-mail to: csya-sports@hotmail.com