



UNITED PROGRAM ENDORSMENT LETTER

If financial information is not provided, each application must have the endorsement of a community professional (e g, principal, social worker, Clergy member, lawyer, or doctor) familiar with your situation and who can verify that you require financial assistance.

***The reference cannot be a family member.**

Name of Applicant:	
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Information of Referring Person

Name:	
Position:	
Phone Number:	
Email Address:	
Relationship to Applicant:	

I hereby declare that the applicant listed on this application is a candidate for financial assistance and should be eligible for **Shuswap Youth Soccer Association's United Program**. I understand that the **Shuswap Youth Soccer Association** may contact me to verify my endorsement.

Signature	Date
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