

Clarke County Youth Soccer Association: Scholarship Application

Date: _____ Season: _____

All applications will be taken into consideration based on availability of money for scholarships; number of applications received for current season; family and player's commitment to CCYSA and players' team. This application does not guarantee a scholarship; applicants will be notified of status in a timely manner. Decisions on scholarships will be made after the conclusion of regular registration. **All scholarship applications must be received with the registration form, prior to the beginning of late registration.** CCYSA is an equal opportunity club. It forbids discrimination on the basis of the race, religion, sex, nationality, age and health needs. CCYSA will keep all information provided below CONFIDENTIAL. Only complete applications will be reviewed and considered. Please review to ensure completeness and accuracy of information. If you have a question, call our hotline, 955-9002.

Soccer Player's Name: _____ Phone Number: _____

Soccer Player's Address: _____

Father/Guardian Name: _____ Email: _____

Day Phone: _____ Evening Phone: _____ Occupation: _____

Mother/Guardian Name: _____ Email: _____

Day Phone: _____ Evening Phone: _____ Occupation: _____

Financial Need

To respect the applicant's privacy, CCYSA will not request copies of W-2's, pay-stubs, or tax returns. In lieu, the applicant is asked to make a good-faith declaration of need and ability to pay CCYSA fees. This section is mandatory. Financial Reason for application: _____

Scholarships may be granted in part, which may not cover the entire fee of \$40/player. Please list what you could afford to pay. Amount family would contribute \$_____/player. Would a payment plan assist you? _____ How much could you pay a week? _____

Soccer Player's Commitment Pledge

If I am provided scholarship money, I will do my best to attend practices and games. I will also make an effort to be involved in all team activities, demonstrate good sportsmanship and fair play while being a good teammate and opponent.

Soccer Player's Signature

Date

Parent's Commitment Pledge

If my child is provided scholarship money, I will make my best effort to help my child attend practices and games. I will fulfill the CCYSA four (4) hour volunteer commitment, per player receiving a full scholarship (2 hours, if half scholarship). These activities may include: fundraisers, tournament assistance, picnic setup/cleanup/cooking, cleat exchange, distributing information to coaches, etc.

Father/Guardian Initials

Mother/ Guardian Initials

Are you currently volunteering any of your time to CCYSA or any CCYSA sponsored team? If so, please list below the details of your involvement:

Parental volunteer help is always needed and welcomed. Please write below any skills that the team/club may be able to use (if you are interested in coaching, training is available):

I confirm the above information is accurate and correct and that we will fulfill our commitments as scholarship recipients.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date