

# RYSA Scholarship Request

Rowlett Youth Soccer Association has put in their budget \$300.00 each season available for sponsorship of registration fees for those in need. The scholarships will be awarded based on need determined by a committee of 3 or more members. Please fill out the following form and submit to RYSA 1 week prior to the close of the player pool sign-up period. Applicant must submit membership form along with scholarship request to be considered. Award winners will be notified by e-mail or phone.

NOTE: If some questions don't apply just write N/A in the blank so the form is completely filled out.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of years played soccer: \_\_\_\_\_ Current Team Name: \_\_\_\_\_

Have you ever been a referee: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

List other siblings that have played or are currently playing soccer:

Siblings Name	Have Played	Are Currently Playing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please state your reason for applying for this scholarship and why it would be important to you if granted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any unusual financial circumstances and/or hardships that affect your family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two references:

Name	Relationship to You	Phone Number
_____	_____	_____
_____	_____	_____