



Springfield Area Soccer Association

Passion Pride Loyalty Unity

Date of request: _____

SASA COMPETITIVE PLAYER SCHOLARSHIP APPLICATION

Player Name: _____ Date of Birth: _____

Birthyear: _____ Age/Gender (ex: U13G): _____

Parent Name: _____

Home Address: _____

City, Zip: _____

Telephone: _____ email address: _____

SASA Scholarships are available to families that qualify. SASA scholarships only apply to the player dues after the player commitment fee. The scholarships do not apply to any other fee such as but not limited to uniforms, camps, etc.

Please provide an explanation why you are requesting a scholarship and provide proof of hardship such as, the previous year's tax return and/or your last 2 paystubs. The receipt of the scholarship is provided at the sole discretion of the SASA Finance committee led by the Treasurer.

Send completed form to the SASA Treasurer at 1984.sasaca@gmail.com

For office use only Date Received: _____

Approved _____ Denied _____ Signature _____