

# EXETER YOUTH SOCCER ASSOCIATION UNIFORM SCHOLARSHIP REQUEST

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: Request: \_\_\_\_\_

Program:

Uniform Sizing Requested:

Fall Season

Jersey #: \_\_\_\_\_

Spring Season

Shirt: \_\_\_\_\_

Shorts: \_\_\_\_\_

Socks: \_\_\_\_\_

Reason for request (#areuin, medical bills, unemployment, multiple children playing, etc...):

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail to:

Jennifer Young  
Treasurer@fcexeter.com

EYSA Use Only:

Date Submitted: \_\_\_\_\_

Action Date: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Date Contacted: \_\_\_\_\_