

NYSA Recreational Scholarship Application

Player Name(s): _____

Address: _____

City/State Zip: _____

Telephone: _____ Cell Phone: _____

e-mail: _____ (required for notification)

Years of NYSA Play: _____ Recreational: _____ Academy: _____

Last Team Affiliation (if applicable): _____

Coach: _____

Household gross income: _____

Number of people in household: _____

Did you apply for a scholarship last year? YES NO (circle one)

Did you receive a scholarship last year? YES NO (circle one)

How many players do you have playing NYSA soccer this season? _____

List the areas they are in: _____

To my knowledge, all information included in this application is complete and accurate:

Signature of parent or legal guardian

Date

Return to:

NYSA

111 24th Ave NW, Suite 110

Norman, OK 73069