

NYSA COMPETITIVE SCHOLARSHIP APPLICATION

Player Name(s): _____

Parents Names: _____

Address: _____ City/State/Zip: _____

Phone(s): _____ School Attending: _____

E-mail: _____ (required for notification)

Years of NYSA Play: _____ Last Team Affiliation (if applicable): _____

Household Gross Income: _____ Number of people of household: _____

Do you receive free/reduced lunch? Y N Did you receive a scholarship in the past? Y N

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

Circle the areas they are enrolled in: Recreational Academy Competitive

I UNDERSTAND THE SCHOLARSHIP WILL DISCOUNT CLUB FEES ONLY-NOT UNIFORM COSTS OR TEAM FEES (COACH EXPENSES, TOURNAMENT FEES) . Each player is responsible for paying/fundraising the fees to cover all other expenses.

I understand all scholarship players/parents are required to perform volunteer hours for the NYSA club at tournaments or other club events and agree to do so. Failure to complete volunteer hours will result in denial from future scholarship opportunities.

Signature of legal parent/guardian _____ Date: _____

ALL SCHOLARSHIP APPLICATIONS must be physically turned into the NYSA office by the deadline of May 31, 2012 NOON AT THE NYSA OFFICE. Online enrollment is required with echeck or credit/debit for fees not waived. Current deadline is posted on the website www.normansoccer.org for each season.