Application Instructions

Instructions for filling out the Scholarship Application

Siuslaw Youth Soccer is pleased to offer a Scholarship program to help families offset club fees. The club has a limited number of scholarships available and the number of players receiving aid and the amount of the scholarship will vary depending on the funds available. Scholarships are funded by contributions from fundraising and donation proceeds.

In order to be considered for a scholarship, applicants must complete ALL THE INFORMATION ON THE FOLLOWING PAGE, EVEN IF YOU HAVE APPLIED BEFORE. If any information is incorrect or missing, the application may NOT be considered.

Applications will be reviewed by the scholarship committee. All information will be kept confidential.

Submit all application materials by mail or email as follows:

Siuslaw Youth Soccer
PO Box 1340
Florence, OR 97439

or

Email: siuslawyouthsoccer@gmail.com

Scholarships are awarded based upon demonstrated need. Financial need will be the only determinant in receiving a scholarship. Families will be responsible for paying any uniform, club, coaching or team expenses not covered by the scholarship. Scholarship figures will be assigned as follows:

- **100%**: This assessment means that a family is not responsible the program fee.
- **75%**: This assessment means that a family is responsible for 25% of the program fee.
- **50%**: This assessment means that a family is responsible for 50% of the program fee.
- **25%**: This assessment means that a family is responsible for 75% of the program fee.
- If you are able to volunteer; Coach, Assistant Coach, field set up or tear down, please indicate on the form below how you would like to help. Coaches receive one free registration.
Application Form

Season: FALL / Spring Year________

Player Name ___________________________________ Date of Birth _______________ Gender M/F) _____

Current SYSA Team ____________________ Coach ____________________ Age Group __________

School ___________________________ Current Grade ______

Parent/Guardian #1 Name ____________________________

Address ______________________________________________________________________

(H) Phone _______________ (W) Phone _______________ Email __________________________

Parent/Guardian #2 Name ____________________________

Address ______________________________________________________________________

(H) Phone _______________ (W) Phone _______________ Email __________________________

List additional members of household including siblings.

Household member Relationship to Player SYSA Player?

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Please note any special circumstances or conditions that should be considered. Add additional sheet if necessary.

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