

**Vernon Youth Soccer**  
**Hardship/Scholarship Fund**  
**P.O. Box 732**  
**Vernon, NJ 07462**  
**www.vernonyouthsoccer.org**

Email: [vystravel@yahoo.com](mailto:vystravel@yahoo.com), [vysintown@yahoo.com](mailto:vysintown@yahoo.com)

**Please complete entire application:**

Anyone can submit a Hardship/Scholarship Application for a child and/or a family they feel is in need of assistance, but they must submit a complete application for consideration.

1. Parent/ Guardian's Name:

\_\_\_\_\_

2. Address:

\_\_\_\_\_

3. Child's Name:

\_\_\_\_\_

4. Child's Date Of Birth

\_\_\_\_\_

5. Contact Number:

\_\_\_\_\_

6. Cell Phone Number:

\_\_\_\_\_

7. Email Address:

\_\_\_\_\_

8. Applying for (Please Circle One):      Travel      or      In town

A. If Travel- Team name: \_\_\_\_\_



If you are approved for our Hardship/Scholarship Fund you will be asked to donate at least (3) three hours of your time to our events per season. Events may include: Registration, lining and setting up soccer fields, picture day, and or Halloween Spooktacular, etc. As with all volunteers, you must sign in at each event with an Executive Board Member. Failure to comply with the terms set in your acceptance notice will void the financial assistance. We will send (3) three notifications for you to comply. After, such a final notice will be sent requesting payment in full. Failure to make full payment arrangements within one week of receiving notification will be followed by VYS seeking legal action, your child will receive immediate suspension from any current and future participation in VYS and any future applications will not receive consideration. As long as you have met our requirements you may submit a new application in the future.

If you are denied or would like to reapply you may submit a new application the following season. All names will be kept confidential and each application will be referred to by a case number assigned upon receipt. We will determine if your case is granted for full or partial payment. You will be informed by USPS Certified Mail whether you are accepted or denied. If you are denied you could be approved for payments on a monthly basis. If application is not filled out completely it will be automatically be denied. Please allow 30 business days for the Executive Board to discuss your case. By signing below you have agreed to the terms and conditions stated above.

**Parent/Guardian Signature:**

**Date:**

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**Person who is nominating:**

**Date:**

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FOR LEAGUE USE ONLY		<b>PLEASE DO NOT WRITE BELOW THIS LINE</b>		FOR LEAGUE USE ONLY	
<b>PARTIAL:</b>		<b>FULL:</b>		<b>DENIED:</b>	