



**Jasper Youth Soccer**  
 2019-2020 SCHOLARSHIP REQUEST  
 FORM



Any ISFC player who plays recreational soccer for Jasper Youth Soccer OR has played for JYS in the past is eligible to apply. Funds will be paid directly to player's team account.

**Applications must be received by January 18, 2020**

**Mail to: ISFC PO Box 264, Jasper, IN 47546**

PLAYER NAME: \_\_\_\_\_ ISFC TEAM: \_\_\_\_\_

NUMBER OF SEASONS PLAYED FOR ISFC: \_\_\_\_\_

PLAYED JASPER YOUTH SOCCER: YES NO

NUMBER OF SEASONS PLAYED FOR JYS: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ H PHONE: \_\_\_\_\_ C

EMAIL: \_\_\_\_\_

**CONFIDENTIAL FAMILY INFORMATION:**

PARTICIPATING IN CLUB FUNDRAISERS: YES NO

PLAYER FEES OWED THIS SEASON \$ \_\_\_\_\_

HOW MUCH OF FEES ARE YOU ABLE TO PAY? \$ \_\_\_\_\_

TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_ NUMBER OF WAGE EARNERS: \_\_\_\_\_

NUMBER OF ISFC PLAYERS IN HOUSEHOLD \_\_\_\_\_

**BRIEFLY DESCRIBE WHY SCHOLARSHIP AID IS BEING REQUESTED FOR THIS PLAYER FOR THE 2019 SEASON:**

*Your signature below acknowledges that all of the information on this application is accurate as of the date indicated.*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_