



Mail To:
Registrar
Ephrata Youth Soccer Club
P.O. Box 7
Ephrata PA, 17522

Before submitting this form you must complete the registration process before the deadline.

Ephrata Youth Soccer Club Financial Aid/ Scholarship Request Form

Player's Name: _____

Mother or Guardian's Name: _____

Father or Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Fall _____ Spring _____

Total Family Members: _____ Number of Children in EYSC: _____

Please explain your need for financial assistance or any other relevant circumstances. The Ephrata Youth Soccer Club Board of Directors will review this application and may contact you for further review.

_____.

Cost of EYSC Program: \$ _____ Amount you can pay: \$ _____

Amount of Aid Requested: \$ _____

Parent or Guardian Signature: _____

Date: _____