



**San Tan Youth Soccer Association
P.O. Box 13466
Chandler, AZ 85248
(480) 988-3448**

SCHOLARSHIP AGREEMENT:

DATE: _____

San Tan Youth Soccer Association offers this scholarship program to assist economically disadvantaged families with improving their quality of life through our soccer program. To qualify for the scholarship program, families must meet criteria established by San Tan Youth Soccer. If you are interested in applying for a scholarship, please fill out the application form and return it to San Tan Soccer. Application eligibility for the scholarship program will be reviewed and approved by a San Tan Youth Soccer Association Board member.

VERIFICATION: STYSA requires you to send verification of your household income along with this application. This should include any verification of State aid and/or a current 1040 tax form with copies of all your household W-2 forms. You or your family's eligibility may be checked at any time during program participation.

CONFIDENTIALITY: STYSA will use the information on the application only to decide if your child(ren) qualify to receive a scholarship.

Applicants and/or parents will volunteer time to STYSA during the 2006/2007 soccer season.

If approved, this scholarship is for the 2006/2007 soccer season (June 2006 to April 2007). If the player leaves prior to season end the scholarship player's family will be responsible for prorated fees due.

Filling out a scholarship application does not guarantee approval. STYSA will take all applications into consideration. Scholarship dollars depend on the following:

- Money in reserve for scholarships
- Number of soccer players applying for scholarships
- Financial needs of the family
- Family's commitment to supporting STYSA and the soccer player's team
- Soccer player's commitment to their team
- Volunteer hours completed

Player's Name _____ Birthdate: _____ STYSA Team: _____

Home Address: _____

Home Phone: _____ Email: _____

Father: _____ Occupation: _____ Work # _____ Cell #: _____

Mother: _____ Occupation: _____ Work # _____ Cell #: _____

Total number in household: _____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$ _____

Please include Alimony, SSI, Child Support, Unemployment, Disability, etc.

I have read and understand STYSA's Scholarship Agreement. I also understand that if my child's scholarship is approved we need to support our child's team in tournaments, fundraisers, club events, and team events. I also understand that either the player or parents will need to fulfill specified volunteer hours to the club if the scholarship is approved. All information provided is accurate and no income has been left out.

Mother's Signature

Father's Signature