



2009-2010 HYSA SCHOLARSHIP APPLICATION

The Hattiesburg Youth Soccer Association (HYSA) is pleased to offer a scholarship program for players who demonstrate the need for financial assistance in order to participate. Funds for this program are limited, so you will need to complete the following application in order to be considered. In addition to the application, you may also provide any additional information or documentation that you feel will aid the review board in determining eligibility. Please make sure you complete both pages of the application and sign where indicated.

Player's Name: _____ Date of Birth: _____

Team: _____ Age Group: U-____ Boy ____ Girl ____

Father's Name/Guardian: _____

Address: _____

City: _____ Zip: _____

Employer: _____

Phone: Home _____ Work _____ Cell _____

E-mail: Home _____ Work _____

Mother's Name/Guardian: _____

Address: _____

(If different than father)

City: _____ Zip: _____

Employer: _____

Phone: Home _____ Work _____ Cell _____

E-mail: Home _____ Work _____

Does child qualify for reduced or free lunch at school: _____ (If yes, attach documentation)

Total number of children in family: _____

Total number of children registered at HYSA: Recreation _____ Select _____

CONFIDENTIAL

Application for review by committee members only



How much assistance towards HYSA registration fees are you requesting? _____
 (Scholarship is available only for registration fees)

Please state your reason(s) for requesting financial aid: _____

Name of Family Member	Employment Income (take home)	Other Income *

*(Other income: public assistance, alimony, child support, Social Security, etc)

If your request is granted, you will be required to donate labor hours to HYSA to assist us in funding this program. Labor hours required will be based on amount of scholarship granted. Please indicate below which area(s) you would prefer to be assigned:

_____ Registration _____ Publicity/Fund Raising _____ Tournaments
 _____ Field/Equipment Maintenance _____ Other _____

 (Parent/Guardian Signature)

 (Parent/Guardian Signature)

CONFIDENTIAL
Application for review by committee members only