**Hagerstown Area Youth Soccer League SCHOLARSHIP INFORMATION**

Thank you for submitting a request for Scholarship with the Hagerstown Area Youth Soccer League (HAYSL). Your request will be reviewed based upon your income and the availability of generous support from our Sponsors.

We offer a limited number of Full and Partial Scholarships determined by the dollar amount from those Sponsors.

Once the Board makes the Scholarship determinations, you will be notified by HAYSL regarding the amount of Scholarship. You will be given an address and a due date for any fees not covered by the Scholarship.

All Fees must be received by the due date for the player to be registered properly. If these fees are not received the child will not be permitted to practice or play with HAYSL until the registration process is complete.

HAYSL is an ALL-VOLUNTEER ORGANIZATION. We encourage you to donate 2 hours of your time in volunteer service to our league.

We look forward to having your child play soccer with us this season.

**SCHOLARSHIP APPLICATION**

Please complete each section below and sign. Please include a current pay stub or proof of income. We offer a limited number of Full and Partial Scholarships determined by applicant need and the dollar amount donated by our Sponsors.

PLEASE PRINT

1. PLAYER’(s) INFORMATION:

**Name(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PARENT OR GUARDIAN INFORMATION:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Household Annual Income:**

* #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* #3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #**: ( )

1. Does your Child receive FREE Lunch? Yes No
2. Do you receive Food Stamps? Yes No
3. Is this a Foster Child? Yes No
   * If yes, please indicate Child’s monthly Personal Use Income\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFIDENTIALITY: Your name, address, and your child’s name will not be given to

any board member at the time your application is presented for approval. Approval is solely based upon the financial information you provide. This information is confidential and is not forwarded to any other affiliate of HAYSL before, during, or after this process.

Approved: