



Tri-Cities Youth Soccer

6160 Burden Road
Pasco, WA 99301

509-544-0276
509-542-0395 fax
office@t-cysa.org
www.t-cysa.org

Instructions for completing the Application for Soccer Scholarship

To be considered for scholarship you must:

1. Complete the on-line registration process for your child.
2. For payment select “pay by check” as the payment option during the registration process. Payment will not be required until your scholarship application has been processed. T-CYSA will notify you directly of your scholarship status and the balance due. If your application is not approved, you will be asked to return to the on-line registration process and submit payment.
3. Complete all requested information on the Application for Soccer Scholarship form.
4. Sign and date the form.
5. Send or drop off the Application for Soccer Scholarship form with a copy of your current tax return (for income verification) to T-CYSA at: 6160 Burden Road, Pasco, WA 99301 or fax to 509-542-0395.



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Application for Soccer Scholarship

Recreational _____ Competitive _____

It is the intent of T-CYSA to allow as many children as possible the opportunity to play soccer. Each year the Association sets aside funds to provide a limited number of reduced registrations to players on a needs basis. In order to fairly disburse these scholarships, the information on this form must be completed. You will be notified of the status of your scholarship request prior to placing your child on a team. If you need help completing this form please contact the T-CYSA office.

Name of Player:

First	Last	Age & Birth Date
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Name of Parents or Legal Guardian:

Father	First	Last	Mother	First	Last
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Street Address	City, State, Zip Code	Home Phone
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Employer	Work Phone
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The following questions will be used solely to determine need for the scholarship:

How many family members do you support in your household? _____ Number

Please check one of the following ranges for yearly income:

<input type="checkbox"/>	\$11,170 – \$15,130
<input type="checkbox"/>	\$15,130 - \$19,090
<input type="checkbox"/>	\$19,090 – \$23,050
<input type="checkbox"/>	\$23,050 - \$27,010
<input type="checkbox"/>	\$27,010 - \$30,970
<input type="checkbox"/>	\$30,970 - \$34,930
<input type="checkbox"/>	\$34,930 - \$38,890
<input type="checkbox"/>	



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Please describe your need for a scholarship below:

I attest that the information provided on this form is accurate:

Signature of Parent or Guardian Date

Required: In acceptance of the scholarship by the above signature, 10 hours of volunteer time per player must be completed. The 10 hours per player must be completed prior to or by the end of league play. If the hours are not completed repayment of the scholarship amount is required and you will be invoiced. If you choose to terminate your membership or leave T-CYSA/Tri-Cities FC for any reason, the scholarship agreement is considered null and void. You will be required to pay back the scholarship amount and invoiced. Your player and/or their player card will not be released from T-CYSA/Tri-Cities FC until all monies are paid in full. Nonpayment will result in collection action and your player will not be allowed to register again until all monies, including collection fees, are paid in full.

I have read and understand the above statement. _____



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For Office Use Only (below this line)

This scholarship was reviewed on:

_____ Date

Accepted

Rejected

Reason for rejection: _____

T-CYSA Board President Signature

Date