

Tri-Cities Youth Soccer Association

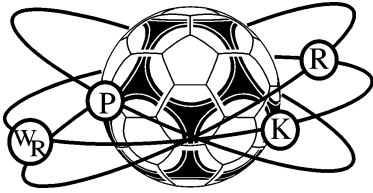
6160 Burden Blvd
Pasco, WA 99301

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 to T-CYSA at: 6160 Burden Blvd, Pasco, WA 99301 or fax to 509-542-0395.



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Application for Soccer Scholarship

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 free 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 your club director or the T-CYSA office.

Name of Player:

First	Last	Age & Birth Date
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Club Registering For: _____
(If registering for ASE or 3-Rivers please also provide level of play – State League or Developmental Select Circle one)

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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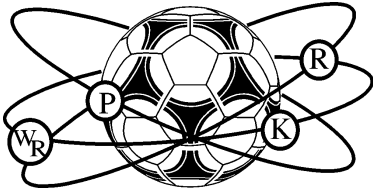
The following questions will be used solely to determine need for the scholarship:

How many children or total dependants do you support in your household? _____
Number

Please check one of the following ranges for yearly income:

	Less than \$20,000
	\$20,000 to \$40,000
	More than \$40,000

Please describe your need for a scholarship below:



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

Signature of Parent or Guardian Date

For Office Use Only (below this line)

This scholarship was reviewed on: _____
Date

Accepted

Rejected Reason for rejection: _____

Club Directors Signature Date

VP of Administration Signature Date