

Daviess County Youth Soccer Association
P.O. Box 902, Owensboro, KY 42302
Scholarship Assistance Application

To apply for a DCYSA Scholarship, complete this form and submit it with your application plus a check for ½ of the normal fee (i.e. U6, U8, U11 and Upper), except for U4 which is \$20. Programs such as the Academy and the Middle School program are on a case-by-case basis due to there higher cost. This form must be certified by your Family Resource Center and post-marked no later than the last day of registration.

DCYSA will hold this application in strict confidence and only use this information to determine a player's eligibility for scholarship.

Parent Name	
Address	
City, State, Zip	
Home Phone and Mobile Phone	
Work Phone	
Name of Player - #1	
Name of Player -#2	
Name of Player - #3	
Total Number in Household	
Monthly Household Income (Gross)	
Other Comments/ Information	

I authorize the person(s)/organizations to release relevant information for consideration of this scholarship application. I confirm that all information given on this application is true.

Signature of Parent or Guardian

Date

<p>To be completed by Family Resource Center staff member, authorized person(s), or agencies that can confirm eligibility for Soccer Scholarship Assistance.</p> <p>The above listed family qualifies for Soccer Scholarship Assistance and should receive the partial scholarship in order to participate.</p> <p>Signed _____ Print Name _____</p> <p>Title/Agency _____ Phone: _____</p>
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