



**STANWOOD CAMANO YOUTH SOCCER**

[www.scysc.com](http://www.scysc.com)

**Scholarship Application**

Please Note:

- Scholarship Applications must be postmarked, via US Postal Service, no later than **June 9<sup>th</sup>**.
- Scholarships are awarded on a “first come, first serve” basis
- Scholarship Applications will NOT be accepted via EMAILS, PHONE CALLS, or through SOCIAL MEDIA
- All scholarships will be reviewed/approved at the Board’s discretion
- Scholarship Applications must be accompanied by a payment for:

**\$45.00** for a Micro Player (5U-8U)      **\$50.00** for a Rec Player (9U and above)

Players Name: \_\_\_\_\_ Gender: M / F

Player Birth Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Program the Player will be participating in (circle One):    Micro (5U-8U) /    Recreational (9U and above)

Income (Circle one):    \$0-10,000 /    \$10,001-15,000 /    \$15,001-20,000 /    \$20,001-25,000 /    \$25,001 +

Is your player on a reduced lunch program at school?    YES / NO

Would you be willing to have the SCYSC Board verify this statement?    YES / NO

Number of children in your home at least 9 months of the year: \_\_\_\_\_

Are you applying for more than 1 scholarship for this soccer season?    YES / NO (1 application required per player)

Reason for the Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I verify the above statements are to be true and correct.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to:    SCYSC, PO Box 815, Stanwood, WA 98292