



## **MAYSA Scholarship Application**

Date: \_\_\_\_\_

Player: \_\_\_\_\_

Soccer Season (Example: Fall 2021): \_\_\_\_\_

Playing Division (Example: U13 Boys): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

It is the mission of the Madison Area Youth Soccer Association (MAYSA) to support youth soccer in the application for scholarship assistance is a certification that the above player will not be able to participate in the program without scholarship assistance due to severe family financial hardship.

All applications will be reviewed by a panel of at least three board members, who will timely notify the applicant of the panel's decision. Submit the completed application in a sealed envelope marked "Scholarship Application" and mail it to MAYSA, ATTN: Scholarship, P.O. Box 147, Madison, GA 30650.

In the space below please provide a brief explanation of the family financial hardship that prompts the scholarship application. Use the back of this form if additional space is needed.

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**Family Information**

Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Address: \_\_\_\_\_

Mother/Guardian Phone: \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_

Mother's/Guardian's Occupation: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father/Guardian Address: \_\_\_\_\_

Father/Guardian Email: \_\_\_\_\_

Father/Guardian's Occupation: \_\_\_\_\_

# of Family Members: \_\_\_\_\_

Combined Family Income: \_\_\_\_\_

Qualifies for Free/Reduced Lunch (yes or no): \_\_\_\_\_

Note: Scholarships that are granted may be distributed in partial fees, which may not cover the entire fees. Please list what you could afford to pay:

- Amount of the registration fee: \_\_\_\_\_
- I could split my payment into: \_\_\_\_\_

**Parent/Guardian's Understanding**

Filling out a scholarship application does not guarantee that my child will be approved. Scholarship dollars will depend on the following:

MAYSA is an equal opportunity organization. Being an equal opportunity organization forbids discrimination on the basis of race, religion, sex, nationality, age and health needs.

**Parent/Guardian's Commitment**

I understand that if my child receives scholarship funds that I will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. I will support the MAYSA and/or tournament/academy club by participating in fundraisers and club events whenever possible. I will volunteer my time to the team or club when possible. Please list below the talents or interests you have that might be useful to the club or team (accounting, landscaping irrigation, excavating construction, event planning, etc)

We declare that this information is true and that the applicant meets all of the stated scholarship requirements.

Father/Guardian's signature: \_\_\_\_\_

Father/Guardian's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mother/Guardian's signature: \_\_\_\_\_

Mother/Guardian's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_