

EXETER YOUTH SOCCER ASSOCIATION SCHOLARSHIP REQUEST

Child's Name: _____ DOB: _____

Parent's Name(s): _____

Address: _____

Phone Number: _____

E-mail: _____

Request: _____ Program: _____

- \$ _____ Amount Requested Fall Season
- Full Scholarship Spring Season
- Partial Scholarship
- Payment Plan (please describe): _____

Reason for request (medical bills, unemployment, multiple children playing, etc...):

Signature: _____ Date: _____

Parents will at no time be asked to provide bank statements, payroll stubs, or any other information to show burden of proof. A representative from Exeter Youth Soccer Association may contact you for further information regarding your request.

Mail to:
EYSA
P.O. Box 536
Exeter, NH 03833

EYSA Use Only:
Date Submitted: _____
Action Date: _____
Amount Approved: _____
Person Contacted: _____
Date Contacted: _____