

Scholarship Application DLYSA

Child's Name _____ Age _____ Date _____

Area of Participation (Mark One): Regular Season Play ☐ Special Camps ☐

Cost of Registration: \$ _____ (See registration form)

Father/Guardian's Name _____

Address _____

Phone/Email _____

Mother/Guardian's Name _____

Address _____

Phone/Email _____

Who is responsible for this child? _____

Total Monthly Income _____

Number of family members supported by this income? _____

Expenses per month (include rent, utilities, etc.) _____

How many hours of soccer volunteering are you prepared to do?

8 hours _____ 6 hours _____ none explain _____

On a separate sheet of paper, please give the following:

1. Please give a brief, yet specific and thorough summary of why you are applying for this scholarship and any additional information that may help us determine your need.
2. PLEASE STATE THE SPECIFIC AMOUNT YOU WISH TO HAVE GRANTED. (For example: full registration fee, partial registration fee, full special camp registration fee, partial special camp registration fee.)

These scholarship applications are strictly confidential and will be seen by the Scholarship Committee only. Scholarships will be decided using the Independent School District 22 income scale for free and reduced lunches. Dollar amounts awarded dependent upon funds available in the scholarship budget. The scholarships will be approved by a majority vote of the DLYSA Board of Directors but names will be confidential. Your application will be the deciding factor in determining the awards.

INCOMPLETE APPLICATIONS WILL BE REJECTED UNTIL COMPLETE.

If you have any questions regarding this program, please email Courtney Tracy (see email below).

Please mail your completed application to: DLYSA 912 McKinley Ave Suite 303 Detroit Lakes MN 56501 or email to dlysasoccer@gmail.com

For Office Use Only
_____ Denied; Reason:

_____ Results to parent

Written contacts made:
_____ Awarded; Amount:

_____ Copy to Treasurer