



Jasper Youth Soccer

SCHOLARSHIP REQUEST FORM



Applications must be received by January 1st

Mail: ISFC, PO BOX 264, Jasper, IN 47547 Email: isfcsoccer.registrar@gmail.com

Player eligibility: Application is open to any ISFC player who either currently plays recreational soccer for Jasper Youth Soccer (JYS) OR has played for JYS in the past. Funds will be paid directly to player's team account.

Player name: _____ Anticipated ISFC Team: _____

Played for Jasper Youth Soccer? YES NO Number of seasons played for JYS: _____

Parent Names: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Participating in club fundraisers? YES NO

Estimated players fees owed this season \$ _____

How much of the fees are you able to pay? \$ _____

Total household income \$ _____ Number of wage earners _____

Number of ISFC players in household _____ (a separate form is required for each player applying)

Briefly describe why scholarship aid is being requested for this player for this season:

All applications are confidential.

Your signature below acknowledges that all of the information on this application is accurate as of the date indicated.

Parent signature: _____

Date: _____