

**South St. Paul Youth Soccer Association
Scholarship Program**

APPLICATION

Mail completed forms to: SSPYSA
P.O. BOX 44
South St. Paul, MN 55075

(first)	(last)	(birthdate)	(Travel/ (IH) In-house
Player Name: _____	_____	_____	_____

Player Name: _____	_____	_____	_____
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Player Name: _____	_____	_____	_____
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Player Name: _____	_____	_____	_____
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Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Household Annual Income: _____ Number of persons in household: _____

Does your family qualify for the free/reduced lunch program at school? Yes / No

Provide a Brief Explanation for the Need for Scholarship:

Have any of the players received scholarship assistance in the past? Yes / No How many years? _____

Person that SSPYSA should contact to schedule volunteer hours:

Name: _____

Email (preferred): _____

Phone Number: _____

Parent Signature

Date

SSPYSA BOARD USE ONLY:

Date Rec'd: _____ Contribution: _____

Date Rev'd: _____ Notification: _____