



Newburyport Youth Soccer Association Fee Waiver (Scholarship) Policy

Youth soccer players unable to participate in the Newburyport Youth Soccer “in-town” program due to financial reasons may qualify for a registration scholarship only as a means of financial assistance. Within certain limits of our league we are able to provide financial assistance for registration only to those who qualify based on the criteria listed below and completion of the necessary paperwork.

- During the player registration period, the parent or player should fill out the attached waiver form and send it to the appropriate In-Town Director copying the President for consideration
- The form must be received by the last day of registration or else it will be deemed invalid
- NYSA is able to provide a maximum of 6 scholarships during a season
- If more than 6 waiver requests are submitted, the In-Town Director and the President will select the 6 awarded scholarships. Their decision should be considered final
- Those requesting assistance will be notified of their acceptance or denial 2 weeks after the end of the registration period

Even though you are applying for a fee waiver you still need to register your child in the correct age/gender group before that group fills up, and before the close of registration. Do not pay the registration fee if you are applying for the waiver, instead please immediately notify the Registration Director of your application for a fee waiver, so that your registration will not be deleted for non-payment. If your application for a fee waiver is denied, you will be notified and then you will need to pay the registration fee within seven days of being notified, or your registration will then be deleted for nonpayment.

Newburyport Youth Soccer Association Fee Waiver (Scholarship) Form

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Complete and sign the Scholarship Waiver Form and return it to the In-Town Director and the President (contact information is listed on the website) for consideration.

DATE: _____ NEW APPLICANT: _____ RENEWAL APPLICANT: _____

Name of player to receive registration scholarship: _____

Address: _____ Phone: _____ State: _____ ZIP: _____

Number of adults in the home: _____ Number of children in the home: _____

Names & Ages of Children:

1. _____ Relationship: _____ Age: _____

2. _____ Relationship: _____ Age: _____

3. _____ Relationship: _____ Age: _____

4. _____ Relationship: _____ Age: _____

5. _____ Relationship: _____ Age: _____

Are you currently employed? _____ Employer: _____

Employment History past year: _____

On the back of this form or typed on a separate piece of paper, please provide us with a detailed description of your financial hardship which makes it difficult for you to pay the NYSA registration fee. If you or any members of your household receive state, federal, municipal or county aid, food stamps, Medicaid, or free or reduced lunch in the schools, please provide this information as well.

By accepting this scholarship I understand I am required to volunteer my time to NYSA at field work days, coaching, field preparation (marking) or in any other capacity in which volunteers may be needed. I understand that failure to do so may result in forfeiture of this assistance.

Date: _____

Parent or Legal Guardian Signature: _____