

Dartmouth Youth Soccer Association

www.dysasoccer.com

Scholarship Application

Please Type or Print -- Applications must be postmarked no later than April 30th

Applicant's Information:

1. Name _____ 2. Date of Birth _____

3. Address _____

Street City State Zip

4. Telephone Number(s) _____ 5. Email Address _____

6. School Currently Attending _____ 7. Year Graduated/Graduating _____

8. Participation in DYSA Soccer Programs (Indicate number of years that apply):

Fall Player _____ # of years

Referee _____ # of years

Fall Ref _____ # of years

DYSA Clinics _____ # of years

Spring Player _____ # of years

Volunteer _____ # of years

9. Participation in other programs: (circle all that apply) **MASC** **MAPLE(Vipers)** **MAPLE (non-Vipers)** **High School** Other

10. List Participation/Involvement in other community and civic programs:

11. List Siblings or Other household members attending college or post-secondary education

Name	School / Occupation	Age	Living at home (Yes/No)

12. List to which you've applied

School	Acceptance Status (Attending, Accepted, Not Accepted, Wait Listed, Waiting)

13. Annual cost of college you plan to attend: Tuition _____ Room & Board _____ Other _____

14. Have you applied for, and/or been awarded other scholarships, loans and grants? **Yes** **No**

If yes, list awards, amounts and status. If 'no' explain why:

15. Briefly describe your experience(s), involvement and volunteer work in DYSA. Use the space below or an attachment.

16. Briefly describe any family financial issues or circumstances that are pertinent. Use the space below or an attachment.

Applicant's Signature

Date

Submit with this application: (copies)
Required: Acceptance Letters, Recommendation Letters
Optional Attachments: High School Transcripts

Mail to: DYSA Scholarship Committee
c/o Stacy Correia
773 Faunce Corner Rd
N. Dartmouth, MA 02747