

**Watertown Youth Soccer Association**  
**Scholarship Application**

Player's Name: \_\_\_\_\_ Division \_\_\_\_\_

Fee \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

*Scholarship funds are available for registration fees  
for families in need of financial assistance.  
Scholarships will be considered on an individual basis.  
Scholarship funds are provided in part by the  
**Watertown Area United Way.***

Briefly explain your need for this scholarship and the amount you are requesting:

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*Scholarship amount requested:* \_\_\_\_\_

Please indicate on the registration form if you would be able to volunteer your time to assist the soccer association.

\_\_\_\_\_ yes    \_\_\_\_\_ no

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Return this application form to: Watertown Youth Soccer Association  
PO Box 556  
Watertown, SD 57201

***WYSA is supported by the Watertown Area United Way***