

WATERTOWN YOUTH SOCCER ASSOCIATION SCHOLARSHIP APPLICATION FORM

Player Name _____ Division _____ Fee _____

_____ Division _____ Fee _____

_____ Division _____ Fee _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian Name _____ Phone # _____

*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:

Scholarship amount requested: _____

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

Date: _____ Signature _____

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

WYSA is supported by the Watertown Area United Way

Office use only:

Date approved: _____ By: _____ Notified: _____