

Indian River Soccer Association

SCHOLARSHIP APPLICATION

Players Name:

Age Division:

Mother / Guardian Name:

Father / Guardian Name:

Address:

Phone:

Amount of Scholarship Requested (Note: all applicants are required to pay the \$10 administration fee and no scholarship money will be granted to cover this expense):

Reason for Request (please note that applications for scholarships are evaluated on a 'need' basis):

I (the undersigned) understand that this application for a scholarship will be evaluated by the board of the Indian River Soccer Association and that I will be informed of their decision by mail to the address I have provided above. If this application is not accepted, or only a partial grant is issued, I understand that I must pay the remaining registration fee due before the player named above will be able to participate in any IRSA league games or practices. A full or partial grant of a scholarship also means that I will not receive the reimbursement credit for coaching (if applicable) and that I may be required to volunteer time with the association.

Mother / Guardian Signature: _____ Date: _____

Father / Guardian Signature: _____ Date: _____