Select Soccer Scholarship Application

The Victoria Youth Soccer Organization is a non-profit organization whose main purpose is to provide an opportunity for children who wish to participate in youth soccer to learn and enjoy the sport of soccer. Through registration fees and donations we have been able to meet the needs of those who desire to play the game of soccer. However, we at VYSO do realize that some players do not have the financial means to fulfill this request. Therefore, VYSO offers reduced fee scholarships for those who would not otherwise be able to participate in the game of soccer.

If you are interested in applying for a scholarship with VYSO please fill out the form below, attach the reduced fee of $150.00, and submit it with your child's registration form. NOTE: this application requires an agreement that either the parent/guardian, or player if U12 or above, perform 10 hours of volunteer service to the Victoria Youth Soccer Organization during the season.

Player's Name _____ Player's D.O.B. _____

Address _____ City _____ Zip _____

Home # _____ Email _____

Mother's Information: Father's Information:

Name _____ Name _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Has your child played soccer with VYSO before? Yes No

If yes, how many seasons? _____ Last season played? _____

Has your child received a scholarship from VYSO prior to this application? Yes No

In order for VYSO to consider you as a possible scholarship recipient please give a brief explanation as to your need for a scholarship.

If the player is not selected to receive a scholarship, the remaining portion of the registration fee, $150.00, must be received by the registrar prior to the player being rostered to a team. If you have any questions, please contact the VYSO Registrar at 877-936-8873, ext 2.

I understand the rules and requirements for a select player scholarship and agree to perform at least 10 hours of volunteer service to VYSO either in the concession stand, field work or other area approved by the VYSO Board of Directors and/or VYSO Scholarship Committee. I understand that if I do not complete the 10 hours of volunteer service that I will not qualify to receive a scholarship in the future.

_____ _____ _____

Parent/Guardian Printed Name Signature Date