



P.O. Box 401, Troutdale, Oregon 97060

Financial Scholarship Application

Player Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

What will be the impact on the player if this scholarship is denied or received?

The following information is requested to assist the Reynolds Youth Soccer Club (RYSC) in determining eligibility for each RYSC scholarship. **This information will be held in confidence, will not be disclosed to anyone except the RYSC Board and will be used only for the purpose of determining eligibility for RYSC scholarships.**

Family Monthly Gross Income: \$ _____ Number of Dependents _____

Explain any special circumstances (extraordinary expense, change in income etc.) which affect your ability to pay the RYSC registration fee.

Number of RYSC players in household _____

The above information is true and accurate:

Name (please print) _____ Date _____

Signature _____ Relationship to Player _____

Please enclose any other information you feel may help the committee evaluate and make a decision on your scholarship.

Mail to:
RYSC – Personal and Confidential
Attn: Club President
PO Box 401
Troutdale, OR 97060