



**LCYSA Soccer**  
Lower Columbia Youth Soccer Association

## LCYSA SCHOLARSHIP APPLICATION FORM

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Player Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specify Scholarship amount you are requesting, \$ \_\_\_\_\_

What event are you applying for a scholarship for?

\_\_\_\_\_

The following information is requested to assist the LCYSA Committee in determining eligibility for each LCYSA scholarship. **This information will be held in confidence, will not be disclosed to anyone except the LCYSA scholarship committee, and will be used only for the purpose of determining eligibility for LCYSA scholarships.**

Explain any special circumstances (extraordinary expense, change in income etc.) which affect your ability to pay the LCYSA expenses (attach extra sheets as needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of LCYSA 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**

**LCYSA**

**P.O. Box 457**

**Warrenton, OR 97146**

**Deadline for all applications: July 31<sup>st</sup>**