

**Owatonna Soccer Association
Youth Scholarship Application Form**

Please complete all information on this application form for **each child** that is applying to play. Owatonna Soccer Association reserves the right to verify all information contained on this application form.

Parent/Guardian Name: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone: _____

Player Name	Date of Birth	Grade going into?	What school?	Gender

Jersey number: _____ Jersey Size (Circle): YM YL AS AM AL Shorts Size: YM YL AS AM AL

Minimum: \$60 Fee – Summer / \$40 - Fall Are you able to pay more? Yes/No If Yes, how much?

Do you wish to volunteer (circle): Head Coach Assistant Coach Team Manager

Qualification for Scholarship (check one or any that apply)

- a. _____ Recipients of current free and reduced lunch program
- b. _____ Recipients of SSI (Supplemental Security Income) or Social Security Benefits
- c. _____ Recipients of Medical Assistance Program
- d. _____ Other. Please explain _____

Acknowledgment of Correct Information: I acknowledge that the information contained on this application is accurate. I hereby give permission to the Owatonna Soccer Association to verify this information. I understand that if any information on this application form is found to be incorrect, my privilege of applying for scholarship money is revoked.

Acknowledgment for Release of Information: The information requested on the registration form will be used to verify eligibility. You/your child’s name, address, telephone number, and other information related to this application will be provided to the Owatonna Soccer Association Board of Directors. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in this program.

Signature of Applicant

Date