

Rye Brook Youth Soccer Club Scholarship Application

Date _____ Soccer Season _____

RBYSC Scholarship Administrator: Glenn Christal

E-mail: Glenn.Christal@gmail.com

Tel #: (914) 939 - 0992

RBYSC Soccer Team _____ RBYSC Coach _____

Soccer Player's Name _____ Phone _____

Soccer Player's Address _____

(Please complete a separate application for each child/player request)

Father/Guardian Name _____ Father/Guardian Email _____

Father/Guardian Day Phone _____ Evening Phone # _____

Father/Guardian Occupation _____

Mother/Guardian Name _____ Mother/Guardian Email _____

Mother/Guardian Day Phone _____ Evening Phone # _____

Mother/Guardian Occupation _____

Number of immediate family members _____

Name(s) and age(s) of children you support currently playing in the Rye Brook Youth Soccer Club

Financial Need

To respect the applicant's privacy, RBYSC will not request copies of W-2s, pay-stubs or tax-returns. In lieu, the applicant is asked to make a good-faith declaration on his/her reason for a scholarship request. Please fill in below.

Scholarships that are granted may be distributed in partial fees, which may not cover the entire registration fee. Please list what you can afford to pay \$_____ / player

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Parent's Commitment Pledge

If my child is provided scholarship money, I / (we) will make my best effort to help my child attend practices and games. I / (we) understand it is the responsibility of each family receiving financial assistance from the Club to reciprocate through active participation and volunteerism in the RBYSC and its team's activities.

Father/Guardian Initials

Mother/Guardian Initials

Are you currently volunteering any of your time to RBYSC or any RBYSC team? If so please list below the details of your involvement and the name(s) of teams you help:

Important note: Only complete applications will be reviewed and considered. Please review to ensure completeness and accuracy of information. If you have a question, please contact the scholarship administrator.

I have read the Rye Brook Youth Soccer Club Scholarship Policy posted on www.ryebrooksoccer.org. I confirm that the above information is accurate and correct and that we will fulfill our commitments as scholarship recipients.

Father / Guardian Signature Date

Mother / Guardian Signature Date

This space reserved for RBYSC use only

Approved / Date _____

RBYSC Scholarship Committee Member
Name:
Title:

Denied / Date _____

RBYSC Scholarship Committee Member
Name:
Title: