

Roseville Youth Soccer Club
2020 FINANCIAL AID SCHOLARSHIP APPLICATION

Player Name (s) _____

Birth Year (YYYY) _____ Gender ____ Boy ____ Girl

Team name (if known) _____

Player Address _____

Name of Parent Applying for Assistance _____

Parent Phone (c) _____ (other) _____

Parent Email _____

I, _____, am applying for a Financial Aid Scholarship in the amount of the 2020 Roseville Youth Soccer Club registration fee. At this time, paying the fee would present a financial hardship for my family.

I agree to fulfill the Financial Aid requirement of volunteering 4 hours of my time in service to the Roseville Youth Soccer Club for each scholarship awarded. I understand that the date, time, location, and type of service may vary. By signing below, I am representing to RYSC that I am ready, willing and able to complete the 4 hours of service. Working as a coach, assistant coach, referee, or team parent does not qualify as service to the Club for purposes of this scholarship.

I understand I may be contacted by the Board of Directors regarding service opportunities. I further understand it is my responsibility to fulfill the 4-hour service requirement. This does NOT include any team activities I may be involved with. (ex: team manager)

I will access the verification of service form from the Club website www.rosevillesoccer.com, and I will submit the completed form, signed by a member of the Board of Directors, to the Club Registrar, no later than November 1, 2020 by emailing it to registrar@rosevillesoccer.com.

I understand that failure to complete the volunteer commitment may result in me being required to pay the entire player registration fee, and being denied financial aid in the future.

Parent's Signature _____ Date _____

RETURN THIS FORM TO: registrar@rosevillesoccer.com TO GET CUSTOM COUPON CODE