Columbus Youth Soccer Club Scholarship Application

Player's Nam	ie:		Date		Age:
Mother's Na	me:		Phone:	Email:	
ather's Name: Phone		Phone:	Email:		
Address:					
Did your child	d play soccer with CYS	Clast season? Yes	or No If ye	s, what team?	
	rship request made la		• •	oved? Yes or No	•
Please briefly	y list your reason for r	equesting a scholarsh	ip:		
					
					
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FOR OFFICE (JSE ONLY: A	PPROVED YES or	NO		
TO DE COMAD	LETED BY CVCC BOAD	D-			
LO RE COIMIL	LETED BY CYSC BOARI	J:			
CVCC Cabalan	abia Agracananti				
	ship Agreement:	- CVCC Dlaves		a aimala	
Approval or t	ns application entitle	s CYSC Player	- c c	a single	: season scholarship Sabalarship the Blaver
				By accepting this ervice in the Woodruff Far	
_	= = = = = = = = = = = = = = = = = = = =			determined by the Board o	
				*	
				. If volunteer hours have i	
				for the full registration fe with the CYSC office upon	
riease note,	to receive full credit i	of flours worked you	illuşt elleck ill	with the crac office upor	rairivai ailu uepai ture.
Parent or Les	gal Guardian Signature	a:		Date:	
· arent or ece	gar Guaratar Jigita tar	**			
CYSC Board N	Member Signature:			Date:	
*Scholarship	s only apply to registr	ation fees. Applicant	's Parent or Le	gal Guardian agrees to pa	y Uniform Fee of \$40
•	–			f applicant is an Alabama i	
	ay the \$15 out of stat			, ,	
	•				
Please submi	it your completed Sch	olarship Application t	o:		
U.S. Mail:	Columbus Youth S	occer Club	or FAX: 706-	561-2325	
o.o. wian.	Attention: Schola		UL 1704 700°		
	P.O. Box 7366	Sinp Quoramator			

Or you can bring it to the CYSC office at the Woodruff Farm Soccer Complex, 3151 Woodruff Farm Road, Columbus, GA.

Columbus, Georgia 31908