



NEWPORT YOUTH SOCCER SCHOLARSHIP APPLICATION

Player's Name	
Team	
Scholarship Amount being requested	
Parent Name(s) and name	
Other NYSC Players related to applicant	
Mailing Address	
Phone Number	
Pimary Email	
Annual Adjusted Gross Income	
Monthly Adjusted Gross Income	

- Attach a written explanation of any financial circumstances that you would like considered.
- Attach a copy of your most recent Income Tax Return (1040 or 1040EZ) and copies of your W-2 forms.

In the event your family is awarded financial assistance, a parent/guardian is required to sign an agreement outlining the family's financial and or volunteer responsibilities to the team and club as part of the scholarship award.

I certify that all of the information contained in and submitted with this application is true and correct, and that all sources of earned and passive income are reported. I understand that I am submitting this information as part of an application for receipt of Newport Youth Soccer Club (NYSC) scholarship funds, that NYSC officials may verify this information, and that deliberate misrepresentation or omission of information may jeopardize my chances of receiving such funds, and furthermore, may subject me to liability under any applicable state or federal laws.

Signature: _____ Date: _____

Print Name: _____ Relationship to Player: _____

Privacy Statement

NYSC will use the information contained in this application only for purposes of selecting scholarship recipients. The information is not shared outside NYSC.