

2019

Scholarship Award Application

FOR CURRENT HIGH SCHOOL STUDENTS

SUBMISSION DEADLINE: JUNE 30th

Completed Application to be returned to:

YORK REGION SOCCER ASSOCIATION

101 Bradwick Drive, Concord, ON., L4K 1K5

Email: slongworth@yrsa.ca

SCHOLARSHIP APPLICATION GUIDELINES

PROGRAM

- 1) Scholarships will be awarded to the most qualified applicants.
- 2) Each scholarship will not exceed One Thousand & Five Hundred Dollars (\$1,500).

GENERAL ELIGIBILITY

- n A student who will graduate from Grade 12 (or equivalent) during the current year. Student must provide school transcript.
- 2) A student who has been accepted and is confirmed for full time studies at an accredited Canadian post-secondary institution commencing that fall. Student must present proof of post-secondary school acceptance before scholarship will be awarded.
- 3) A candidate that is registered to a current YRSA club team.
- 4) A candidate that was registered to a YRSA club team in the previous summer season.
- 5) A candidate that has completed volunteer service work (reference letter required).
- 6) Submission deadline is June 30th of each season. All submissions must be received or post-marked by the deadline date and must be submitted with ALL relevant documentation to the District Office.
- 7) A selection committee as appointed by the Board of Directors will review all eligible applications and will select successful candidates.
- 8) The names of the selected recipients will be posted on the YRSA website in August.

SCHOLARSHIP PAYMENT

Scholarships awarded will be paid by cheque, in the amount of One Thousand, Five Hundred Dollars (\$1,500) and will be presented to the chosen recipients in July.

UNDERTAKING

I certify that all of the information provided on this application form and in all of the accompanying documents are true, accurate and complete.

I have read all of the terms of Eligibility of the YRSA Scholarship. By submitting this application I agree to be bound by all of these rules.

I authorize the release of any information to the Scholarship Program, relating to my application, which may be requested from High School, University, government, or community sources, including but not limited to personal evaluations and transcripts. I understand I will have no right of access to such information. I understand the information resulting from such a request will be used for scholarship purposes, which may include publicity or promotion.

APPLICANT NAME:			
APPLICANT SIGNATURE: _			
	DATE:		

APPLICANT INFORMATION

LAST Name:	FIRST Name:		
Date of Birth: (mm/dd/yyyy)	Gender:	Grade:	
Address:			
City:	Postal Code:		
Email:	Phone:		
Current YRSA Club:	Current Coach:		
YRSA Club in Previous Summer:			
Previous Clubs (List if any):			
PARENT/GUARDIAN INFORMATION			
Name:			
Address:	David Carley		
City:	Phone:		
Ellian.	FIIOTIE.		
CURRENT HIGH SCHOOL INFORMATION Name:			
Name:	Postal Code:		
Name: Address:	Postal Code: Phone:		
Name: Address: City:	Phone:	3) SCHOOL	

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WHAT EDUCATI	IONAL INSTITUTION	WILL YOU ATTE	ND THIS FALL?		
BRIEFLY DESCRIE	BE YOURSELF AND TI	HE REASON(S) YO	OU HAVE APPLIED	FOR THIS SCHOLA	RSHIP:

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FOR THIS ACTIVIT		RENCE OUTLIN	ING YOUR CONTRIBU	TION FROM YOUR	SUPERVISO