

Application Form for EPYSA Youth Scholarship

1.) Personal Information of Applicant:

Name _____ S.S. # _____

Date Of Birth _____ Sex _____ Telephone (____) _____

Home Address _____ Email _____

City _____ State _____ Zip Code _____

Current EPYSA Soccer Club _____

2.) Family Information:

Name of Parent/Guardian _____

Occupation _____

Address (If different) _____

3.) Scholastic Record:

Secondary School _____ Estimate Date Graduation _____

City _____ State _____ Zip Code _____

Scholastic Average Junior Year _____ Senior First Semester _____

4.) College Information:

College You Plan on Attending _____

Planned Major _____

College Costs For Nine Months:

Tuition _____

Room And Board _____

Fees _____

Books _____

Name _____

Family Members Attending School:

First Name	Age	School Attending	Cost	Family Contribution

5.) Scholastic Achievements _____

6.) Leadership Activities _____

7.) Please supply one page that demonstrates your interests and how they relate to your career plans, along with any of the information and or documents mentioned in the above section [application requirements](#).

The information that I have reported herein is true, correct, and complete. I authorize the use of the information on this form by the EPYSA Scholarship selection committee.

Applicant's Signature _____

Parent/Guardian Signature _____