



Scholarship Application Packet

Policy

Newberg Youth Soccer (NYS) believes all children should be able to play soccer, regardless of their family's financial situation. Families in need are offered the opportunity to play through our need-based scholarship program. If you know the posted club fees will be a hardship for your family, please apply for financial aid. All applications will be considered and reviewed in strict confidence by the club's Scholarship Committee, made up of NYS President, Treasurer, and Registrar. Recipients will be awarded partial amounts, not to exceed 90% of the player fees, and recipients will agree to pay the remainder.

If you apply and receive scholarship monies, you are entering into an agreement with NYS. If you are approved for aid, you will need to set up a payment schedule with NYS. If you are unable to pay, it is your responsibility to contact the Board (treasurer@newbergyouthsoccer.com) immediately and explain your circumstances.

Your application will be reviewed by the scholarship committee within 2 weeks of it being received.

Financial Aid Application Packet Requirements

1. Complete the household and financial information on the Scholarship Application page
2. Complete Personal Hardship and Player Intent Statement pages
3. Fill out Acknowledgment and Signature page
4. Submit complete packet and send by email to treasurer@newbergyouthsoccer.com

Thank you and we look forward to having you participate in our club!

If you have any questions, please direct them to the Newberg Youth Soccer Board Treasurer at treasurer@newbergyouthsoccer.com.



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Household Information

Player 1 Name _____ Player 1 Birthdate _____

Player 2 Name _____ Player 2 Birthdate _____

Player 3 Name _____ Player 3 Birthdate _____

Parent/Guardian 1 name _____ Parent/Guardian 1 occupation _____

Parent/Guardian 2 name _____ Parent/Guardian 2 occupation _____

Mailing Address _____

City _____ State _____ Zip _____

Financial Information

- Our family is currently participating in a school "Free or Reduced Cost Lunch Program"
- Our family is currently served by the State of Oregon "Oregon Trail Card" or similar healthcare subsidy program
- Our family is currently enrolled in WIC or other food stamp program
- Our family has experienced personal financial crisis within the last 18 months (joblessness, homelessness, hospitalization, etc)

Number of children (under 18) living in home: _____

Can you make a monthly payment? ____ Yes ____ No

What is the total amount you can afford to pay? _____

If you have any questions, please direct them to the Newberg Youth Soccer Board Treasurer at treasurer@newbergyouthsoccer.com.



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Personal Hardship Statement

A statement describing the circumstances that have made paying player fees a hardship for your family.

If you have any questions, please direct them to the Newberg Youth Soccer Board Treasurer at treasurer@newbergyouthsoccer.com.



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Player Intent Statement

A short statement of intent by the prospective player explaining why playing soccer for Newberg Youth Soccer is important to her/him.

If you have any questions, please direct them to the Newberg Youth Soccer Board Treasurer at treasurer@newbergyouthsoccer.com.



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Acknowledgment and Signature

Please read and check the following statements regarding your application:

- I have been truthful regarding my family's finances.
- I will make payments as designated in my financial aid application.
- I am aware that any awarded amount goes toward club fees and Winter Academy registration only. There will be additional expenses (uniform, team and tournament fees, travel costs) for which I am fully responsible.

Please ensure you have completed all sections of this scholarship packet:

- Scholarship Application
 - Household Information
 - Financial Information
- A statement describing the circumstances that have made paying player fees a hardship for your family.
- A short statement of intent by the prospective player explaining why playing soccer for NYS is important to her/him.

Scholarship packet completed by:

Any follow-up will be communicated with this person.

Primary Contact Name _____ Signature _____

Date _____ Email _____ Phone _____

Your application will be reviewed by the scholarship committee within 2 weeks of it being received.

Please submit this completed Scholarship Packet to Newberg Youth Soccer by email to treasurer@newbergyouthsoccer.com