

ST. PAUL YOUTH SPORTS ORGANIZATION (SPYSO)

Player Scholarship Form

This form must be completed in full in order to be considered for a scholarship. You must fill out a separate form for each player for which a scholarship is requested. Form must be turned into a SPYSO Board Member. This form must be turned in by March 4th, 2022.

Player's Full Name: _____ Age: _____

Mailing Address: _____

Parent(s)/Guardian(s): _____

Phone: _____ Alternate Phone: _____

I am requesting (please check one box):

- To make payments (fee to be paid in full before try-outs or team placement)
- A partial scholarship in the amount of \$ _____
- A full scholarship in the amount of \$ _____
- Other _____

Are you willing to donate your time to SPYSO? Yes No In

which areas are you willing to donate your time?

- Field Prep
- Fundraisers
- Clean-up
- Other

Parent(s)/Guardian(s) Signature: _____

Date: _____

You must complete the back of this form

