

# *Dartmouth Youth Soccer Association*

## **Scholarship Application**

A completed Application shall include  
Completed scholarship Application  
High School Transcripts  
College Acceptance Letter(s) -minimum of 1

Completed applications must be mailed to the following post office box.  
Applications must be postmarked **NO LATER** than **April 15, 2024**

DYSA Scholarship Committee  
P.O. Box 79313  
Dartmouth, Massachusetts 02747

Incomplete applications or those postmarked after **April 15, 2024** will not be  
considered for award

**Dartmouth Youth Soccer Association**  
**Scholarship Application**

Applicant's Information:

1. Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Address \_\_\_\_\_

4. Telephone Number(s) \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. School Currently Attending \_\_\_\_\_

7. Year Graduated/Graduating \_\_\_\_\_

8. Participation in DYSA Soccer Programs (Indicate number of seasons that apply)

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**Fall Player** \_\_\_ # of seasons

**Spring Player** \_\_\_ # of seasons

**DYSA Clinics** \_\_\_ # of seasons

**Volunteer** \_\_\_ # of seasons

9. Participation in other programs: (circle all that apply and list # of seasons):

**NEP (VIPERS/GPS VIPERS/SCORPIONS)** \_\_\_ # of years

**High School** \_\_\_ # of years

**Other** \_\_\_\_\_ # of years

10. List Participation/Involvement in other community and civic programs:

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