

Legal Guardian Information

First and Last Name

Sherwood Youth Soccer Club

Spring Indoor Recreation Program Financial Assistance Scholarship Application

Sherwood Youth Soccer Club (SYSC) offers financial assistance to help players with registration fees for the spring indoor recreation program. Players may request financial assistance by submitting this application. Please scan and email completed application to: registrar@sherwoodsoccer.org or mail application to: PO Box 1266, Sherwood, OR 97140. Applications will be reviewed by our board and you will receive communication by email on the final decision for your request.

Signed		Date:
Please give the board a sun	nmary of	f your financial position and why you are requesting financial assistance:
·		assistance for the OYSA insurance fee (\$12).
coordinating volunteer hou	ırs. You	are required for financial assistance scholarships. We use an online service for can find a link to this website on the volunteer page of our website e note that failure to complete volunteer hours may result in denial of assistance in
Boy or Girl?		
Grade		
School		
City, State, Zip Code		
Address		
First and Last Name Chi		
First and Last Name Child #2		
Player(s) Information First and Last Name Chil	ld #1	
Relation to Player		
Email Address		
Phone Number		
City, State, Zip Code		
Address		