



2025 Scholarship Award Application

FOR CURRENT HIGH SCHOOL STUDENTS

SUBMISSION DEADLINE: JUNE 30th

Completed Application to be returned to:

YORK REGION SOCCER ASSOCIATION

385 Connie Crescent, Suite 101 Concord, ON., L4K 5R2

Email: slongworth@yrsa.ca

SCHOLARSHIP APPLICATION GUIDELINES

PROGRAM

- 1) Scholarships will be awarded to the most qualified applicants.
- 2) Each scholarship will not exceed One Thousand & Five Hundred Dollars (\$1,500).

GENERAL ELIGIBILITY

- 1) A student who will graduate from Grade 12 (or equivalent) during the current year. Student must provide school transcript.
- 2) A student who has been accepted and is confirmed for full time studies at an accredited Canadian post-secondary institution commencing thatfall. Student must present proof of post-secondary school acceptance before scholarship will be awarded.
- 3) A candidate that is registered to a current YRSA club team or YRSA Referee.
- 4) A candidate that was registered to a YRSA club team in the previous summer season.
- 5) A candidate that has completed volunteer service work within the soccer community (reference letter required).
- 6) Submission deadline is June 30th of each season. All submissions must be received or post-marked by the deadline date and must be submitted with ALL relevant documentation to the District Office.
- 7) A selection committee as appointed by the Board of Directors will review all eligible applications and will select successful candidates.
- 8) The names of the selected recipients will be posted on the YRSA website in August.

SCHOLARSHIP PAYMENT

Scholarships awarded will be paid by cheque, in the amount of One Thousand, Five Hundred Dollars (\$1,500) and will be presented to the chosen recipients in August.

UNDERTAKING

I certify that all of the information provided on this application form and in all of the accompanying documents are true, accurate and complete.

I have read all of the terms of Eligibility of the YRSA Scholarship. By submitting this application, I agree to be bound by all of these rules.

I authorize the release of any information to the Scholarship Program, relating to my application, which may be requested from High School, University, government, or community sources, including but not limited to personal evaluations and transcripts. I understand I will have no right of access to such information. I understand the information resulting from such a request will be used for scholarship purposes, which may include publicity or promotion.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

APPLICANT INFORMATION

LAST Name:		FIRST Name:	
Date of Birth: (mm/dd/yyyy)		Gender:	Grade:
Address:			
City:		Postal Code:	
Email:		Phone:	
Current YRSA Club:		Current Coach:	
YRSA Club in Previous Summer:			
Previous Clubs (List if any):			
Club Volunteered with (if any):			

PARENT/GUARDIAN INFORMATION

Name:	
Address:	
Email:	
City:	Postal Code:
Email:	Phone:

CURRENT HIGH SCHOOL INFORMATION

Name:	
Address:	
City:	Postal Code:
Website:	Phone:

LIST ANY HONOURS OR AWARDS YOU HAVE RECEIVED DURING YOUR LAST THREE (3) SCHOOL YEARS (*scholarships, sports, citizenship, service, etc.*):

WHAT IS YOUR INTENDED COURSE OF STUDY OR VOCATIONAL GOAL?

WHAT EDUCATIONAL INSTITUTION YOU BEEN ACCEPTED ?

BRIEFLY DESCRIBE YOURSELF AND THE REASON(S) YOU HAVE APPLIED FOR THIS SCHOLARSHIP:

PLEASE LIST ANY EXTRA-CURRICULAR ACTIVITIES OR COMMUNITY SERVICE WORK YOU HAVE COMPLETED ON ARE CURRENTLY INVOLVED IN FOR YOUR SOCCER CLUB, DISTRICT OR LEAGUE. INCLUDE CONTACT INFORMATION.

YOU MUST ATTACH A LETTER OF REFERENCE OUTLINING YOUR CONTRIBUTION FROM YOUR SUPERVISOR FOR THIS ACTIVITY.

SUPERVISORS INFORMATION:

Name:	
Address:	
Email:	
City:	Postal Code:
Email:	Phone: