ILLINOIS YOUTH SOCCER ASSOCIATION

APPLICATION FOR ODP SCHOLARSHIP

To apply for ODP fees, complete this application, sign your name and return the application and supportive documents to:
Illinois Youth Soccer Association, 1655 S. Arlington Heights Road, Suite 201, Arlington Heights, Illinois 60005.

1 Print Player Information

Player's Name_____ **Birth Year**_____

Street Address_____

City, State, Zip_____

Field Player ☐ **Goal Keeper** ☐

2 Household Members and Monthly Income

NAMES OF HOUSEHOLD MEMBERS	Gross Monthly Income (Before Deductions)		Monthly Welfare Payments Child Support, Alimony	Monthly Payments from Pensions, Retirement Social Security	Any Other Monthly Income Workmen's Comp, Strike Benefits, Unemployment
	JOB 1	JOB 2			
1	$	$	$	$	$
2					
3					
4					
5					
6					
7					
8					

3 Supporting Documents - Please attach a copy of your most recent payroll slip, Federal Tax Return, and State Tax Return. In the event there is a discrepancy between the income reported on your income tax return and your payroll slip, please attach a brief explanation.

4 Certification and Signature

I hereby certify that the above information and attachments are true and correct and that all income is reported. I understand that this information is being given for the receipt of the Illinois Youth Soccer Association funds; that officials may verify the information on the application; and that deliberate misrepresentations of the information may subject me to prosecution under applicable laws.

_____ _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER DATE

PRINTED NAME OF PERSON SIGNING THIS APPLICATION: _____

STREET ADDRESS_____

CITY, STATE, ZIP_____

CELL PHONE (_____)_____ WORK PHONE (_____)_____ HOME PHONE (_____)_____

EMAIL_____ FAX (_____)_____

Tax Return must be signed and contain all applicable schedules.