

Dear Soccer Athlete and Parent:

The Blue Ridge Youth Soccer Association (BRYSA) scholarships were established to help the college bound athlete who participated in BRYSA. Please take the time to review the eligibility requirements and complete the application form.

All graduating seniors who have applied, or intend to apply, for admission to universities, four-year colleges, two-year colleges, vocational and technical schools, or other institutions of higher learning are eligible to apply.

Who is eligible for a BRYSA scholarship?

1. Students who have participated in BRYSA, in the recreational or travel division, as a player or referee.

2. Students who have been accepted to a college/university by the application deadline.

What criteria will be used to award scholarships?

Scholarships are awarded primarily on the following, which are listed in order of priority:

- 1. BRYSA participation (the number of years and teams an athlete participated)
- 2. Academic success (grade point average and other academic recognition)
- 3. Financial need

Do all who apply receive a scholarship?

BRYSA does not guarantee anyone a scholarship. The BRYSA Scholarship Committee will award scholarships, two (2) per local high school.

The application must be completed in full and will be used only by the Scholarship Committee. All reasonable efforts will be made to keep the information contained therein strictly confidential.

Please include a short essay on what your involvement with BRYSA has meant to you.

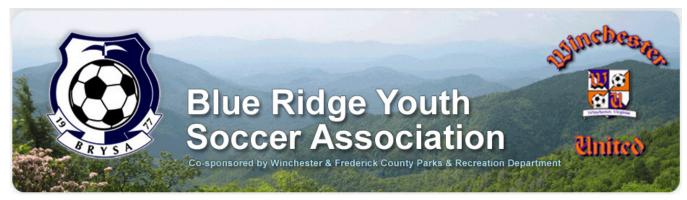
The application must be turned in to your guidance counselor by 4:00PM on April 3, 2015.



Name:		Male	_Female
Address:			
Telephone:			
High School:			
GPA:			
Guidance Counselo	or Signature:		
1	ion: Please list the teams ecreational, travel, and re		ears of participation in
Institutions to whic	h you have applied:		
First Choice:			
Accepted?	Will you attend?	-	
Second Choice:			
Accepted?	Will you attend?		

Third Choice: _____

Accepted? ____ Will you attend? _____



2. F	Family	Data
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Parents/Guardian	15		
Name:		 	
Address:			

3. Financial Data:

Total family income from all sources including support payments and education commitments from an ex-spouse. Circle one taxable income range below.

\$0 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$75,000
\$75,000 - \$100,000	\$100,000 - \$125,000	\$125,000 - \$150,000

\$150,000 - above

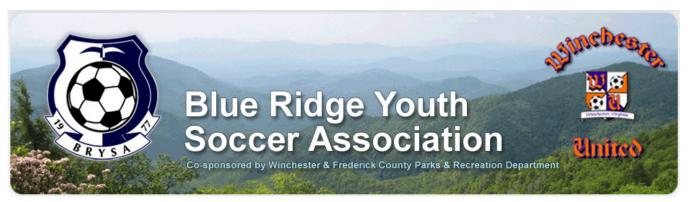
Are you participating in any prepaid tuition programs? YES NO (circle)

Estimate of annual tuition room and board costs at college:

First Choice:

Second Choice: _____

Third Choice:



The following must be read by you and your parent/guardian. After reading, please sign and date.

We certify that the foregoing information is true to the best of our knowledge:

We acknowledge that the information being submitted with this application will be reviewed by the BRYSA Scholarship Committee. The committee will use its best efforts to ensure that others do not obtain access to this information. However, the undersigned waives any and all courses of action against the BRYSA Scholarship Committee as a result of said information inadvertently becoming available to others.

I have read and will comply with the application instructions and deadlines.

_____ Date _____

Signature of Applicant

Date

Signature of Parent/Guardian