



Alaska Developmental Program
ADP Financial Scholarship Application
One Application per ADP Program Event



PART ONE:

Player Name: _____ DOB: _____ M / F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ EEmail: _____

PART TWO:

Specify Scholarship Type:

Amount of the ADP event: \$ _____

Amount you are requesting: \$ _____

Amount you can pay: \$ _____

What event are you applying for a scholarship for?

- Tournament or Showcase _____
- ODP Regional Championships
- Sub Regional Team Camp (In-State)

PART THREE:

The following information is requested to assist the Alaska Development Program Committee in determining eligibility for each ADP scholarship. This information will be held in confidence, will not be disclosed to anyone except the AYSA/ADP Scholarship Committee, and will be used only for the purpose of determining eligibility for ADP scholarships.

This is required information.

Family income last year: \$ _____ Number of dependents: _____ Number of ADP players: _____

Do you currently receive any financial aid in the form of free and reduced lunch program or other government assistance such as food stamps, housing assistance, etc.?

___ NO ___ YES Please list: _____

Explain any special circumstances (extraordinary expense, change in income etc.) which affect your ability to pay the ADP expenses.

I am willing to volunteer for future ADP events: Yes / No

The above information is true and accurate:

Name: (please print) _____ Date: _____

Signature: _____ Relationship to Player: _____

Please enclose other information you feel may help the committee evaluate and make a decision on your scholarship.

Email Completed Application to alaskayouthsoccer@gmail.com

Review the Scholarship Policy and Procedure for ADP and the ADP Refund/ Withdraw Guidelines