



Springfield Area Soccer Association

Passion Pride Loyalty Unity

Date of request: _____

SASA RECREATIONAL PLAYER SCHOLARSHIP APPLICATION

Player Name: _____ Date of Birth: _____

Parent Name: _____

Home Address: _____

City, Zip: _____

Telephone: _____ email address: _____

SASA Scholarships are available to families that qualify. SASA scholarships will be applied towards league registration fees.

Please provide an explanation why you are requesting a scholarship and provide proof of hardship such as, the previous year's tax return and/or your last 2 paystubs. The receipt of the scholarship is provided at the sole discretion of the SASA Finance committee led by the Treasurer.

Send completed form to the SASA Treasure at 1984.sasaca@gmail.com

For office use only Date Received: _____

Approved _____ Denied _____ Signature _____