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Deltona Youth Soccer Club Financial Scholarship Program

The Deltona Youth Soccer Club is dedicated to making soccer accessible to all young athletes in the developmental and competitive programs, regardless of financial circumstances. The Financial Scholarship Program assists players whose families demonstrate financial need, ensuring they can fully participate in soccer activities. Award of this scholarship is based on what DYSC is awarded by FYSA.

Eligibility & Measurable Criteria

To ensure a fair and transparent selection process, applicants must meet the following criteria:

Criteria	Measurement Standard	Weight (%)
Household Income	Must fall within club-defined financial thresholds	40%
Proof of Financial Need	Submission of tax returns, hardship letter, or aid documents	20%
Academic & Reference letter	Submit academic school Transcript/Report Card Submit reference letter from School, Church, Coach	10%
Commitment to Club Participation	Attendance (minimum 90%) & involvement in club activities	10%
Parent/Guardian volunteer	Contribute 50 volunteer hours per season to support DYSC events and activities.	20%

Scholarship Coverage

Recipients of the financial scholarship may receive:

- **Full or partial waiver of club registration fees.**
- **Assistance with uniform (if applicable).**
- **Travel stipend for tournaments (if applicable).**

Application Process

1. **Complete the Application Form – Available online and in person.**
2. **Submit Supporting Documents – Including proof of financial hardship**
3. **Committee Review – Applications are evaluated based on measurable criteria.**
4. **Interviews (if needed) – Assessment of family circumstances.**
5. **Scholarship Notification – Selected recipients are notified and provided scholarship details.**

Program Oversight & Review

- **A dedicated scholarship committee ensures fairness and transparency.**
- **Annual review of scholarship recipients' progress and program effectiveness.**

Community Support & Funding

The club seeks partnerships with local businesses, sponsors, and fundraising efforts to sustain scholarship offerings.

Household of 4 - Income Thresholds ***Federal Poverty Guidelines for FFY 2026***

- **Below $30,000/year – Highest financial aid consideration**
- **$31,000–$55,000/year – Moderate financial aid eligibility**
- **$56,000–$75,000/year – Limited financial aid eligibility**
- **Above $80,000/year – Subject to additional committee review for limited or no financial aid**

Deltona Youth Soccer Club Financial Scholarship Application Form

- **Player's Name:** _____ **Date of Birth:**_____
- **Parent/Guardian's Name:** _____
- **Address:** _____ Phone **Number:**_____
- **Email:** _____

Eligibility & Measurable Criteria

1. Household Income Verification (50%)

- Annual Household Income: **$**_____ Number of Dependents: _____
- ☐ Attach a copy of the most recent **tax return** OR **proof of income** (last two payment stubs)

2. Proof of Financial Need (20%)

- ☐ Written statement explaining financial constraints affecting participation in youth soccer, OR
- ☐ Documentation of government assistance (if applicable).

3. Academic and reference letter (10%)

- ☐ Submit official academic records (GPA of 3.0 and above), OR
- ☐ Provide one reference letter from a teacher, coach, church leader, or other mentor

4. Commitment to Club Participation (10%)

- ☐ Player has a **minimum 90% attendance** at practices and games.
- ☐ Parent actively engages in club activities (volunteering, mentorship, etc.).

5. Parent/Guardian/player volunteer (20%), review and select your contribution back to the community:

- ☐ **Contribute 50 volunteer hours per year to support DYSC events and activities.**

  ☐ Fall season (25 hours service) Yes ☐ No ☐
  ☐ Spring season (25 hours service) Yes ☐ No ☐

Signature of Parent/Guardian: _____ **Date:** _____

---------- Applicant***, please do not fill below this line*** ----------

Benefactor & Sponsor Section (Optional)
If you are a **community sponsor** or benefactor interested in supporting scholarship recipients, please provide the following:

- **Name/Organization:** _____ **Contact Information:** _____

☐ I would like to contribute to the scholarship fund: **$**_____

Committee Review Section (For DYSC Official Use Only)

- **Final Score (out of 100%):** _____ **Date:** _____
- **Approval Status:** ☐ Approved ☐ Denied
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- **Committee Representative Signature:** _____ **(DYSC - Board of Directors)**