



**EASTERN NEW YORK YOUTH SOCCER ASSOCIATION  
OLYMPIC DEVELOPMENT PROGRAM  
CORTLANDT SOCCER CLUB / ODP COLLEGE SCHOLARSHIP**

**The following CRITERIA must be met to be eligible for  
ODP College Scholarship Program:**

- **Must have played or is currently playing as an ENY affiliated ODP player**
- **Must have a B average or higher**
- **Must plan on attending a school of higher education after high school graduation**
- **Must submit a 200-word essay on why you deserve this scholarship. (Essay must include name, address, phone number, email) and the year you participated in ODP**

**Deadline to Submit Application June 30, 2025**

1) Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age Group \_\_\_\_\_

Club \_\_\_\_\_ League \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

(h) Phone \_\_\_\_\_ (w) Phone \_\_\_\_\_ (cell) Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

(h) Phone \_\_\_\_\_ (w) Phone \_\_\_\_\_ (cell) Phone \_\_\_\_\_

Parents / Guardians Occupation \_\_\_\_\_

2) Please list household yearly income: \$ \_\_\_\_\_  
Please note any special circumstances or considerations that need to be accounted for.

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3) SIGNATURE: I certify that the above information is true and correct and that all income was reported. I understand that this information is being given to determine eligibility for scholarship funds. ENYYSA may verify the information on this application, and that deliberate misrepresentation of the information may cause my application to become ineligible.

Signature of Adult Household Member \_\_\_\_\_

Print Name \_\_\_\_\_

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**Email Completed Application to:**  
**Laura Francis [lfrancis@enysoccer.com](mailto:lfrancis@enysoccer.com)**

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