



**EASTERN NEW YORK YOUTH SOCCER ASSOCIATION  
OLYMPIC DEVELOPMENT PROGRAM  
SCHOLARSHIP APPLICATION FORM**

Raffles: \_\_\_\_\_

*Office Use Only*

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

- Must be an ENY affiliated player during current season
- Annual family income of \$55,000 or less
- Application submitted with 2 or more children in this year's ODP program will be reviewed and considered for financial assistance
- Minimum Raffle sales of \$250

**Funds are limited. Deadline to Submit Application is January 30, 2026  
Application will NOT be considered unless Proof of Income (see page 2) has been submitted.**

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 \_\_\_\_\_

**Note: You must be registered in the ODP System (up to the point of making a payment),  
when this application is submitted.**

2) Please PRINT or TYPE completed name of all household members.

<u>Name</u>	<u>Relationship to player</u>	<u>ODP Player</u>	<u>Yes</u>	<u>No</u>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
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_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>

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

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- 4) 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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### **INCOME TO REPORT**

**Application will NOT be considered without proper documentation.**

#### **Earnings from Work**

Wages/Salary/Tips – Provide recent pay stub.

Strike Benefits

Unemployment Compensation

Worker's Compensation

New Income from Self-Owned Business/Farm

#### **Pensions/Retirements/Social Security**

Pensions

Supplemental Security Income

Veteran's Payments

Social Security

#### **Welfare/Child Support/Alimony**

Public Assistance Payments

Welfare Payments

Alimony/Child Support Payments

### **Other Income**

Disability Benefits

Cash Withdrawn from Savings

Interest/Dividends

Income from Estates/Trusts/Investments

Regular Contributions from Persons Not Living in Household

Net Royalties/Annuities/Net Rental Income

**Reminder:** *The Eastern New York Youth Soccer Association requires you to send verification of your household income along with this application. This should include any verification of State aid and/or a current 1040 tax form with copies of all your household monthly pay stubs, W-2 forms and/or immigration form. The information supplied will be held in strict confidence. The information will only be reviewed by the ODP Scholarship Committee and will only be used for the purpose of determining eligibility for ODP Scholarships. We reserve the right to review supporting documents.*

Email Completed Application and documentation to: [lfrancis@enysoccer.com](mailto:lfrancis@enysoccer.com)

### **FOR OFFICIAL USE ONLY**

\_\_\_\_ Scholarship **APPROVED** - Scholarship figure and explanations follow:

☐ **Partial Scholarship is approved.** Family and player will be responsible for the remaining fees.

☐ **100% Scholarship is approved.** Family and players have been granted full scholarship for all events. (100% scholarship does include Regional events.)

\_\_\_\_ Scholarship is **DENIED**

**Note: Approved Scholarships do not include ODP Trips.**

Reason: \_\_\_\_\_

Decision Date \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman

\_\_\_\_\_  
Treasurer