



# Soccer Across America PROGRAM APPLICATION



<b>SEASONAL YEAR</b>	20_____ TO 20_____	FALL <input type="checkbox"/>	SPRING <input type="checkbox"/>
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### Targeted Youth

Soccer Across America targets disadvantaged children, boys and girls between 6 and 18 years of age. Participation can include complete teams or individuals playing on a non-SAA program teams. These children may be classified at-risk due to:

- |                                    |   |
|------------------------------------|---|
| A. Low income household            | E. Children with learning disabilities  |
| B. Exposure to crime and drugs     | F. Children without organized after school supervision (latchkey)                                 |
| C. Language and cultural barriers  | G. Children who score low on TAAS state testing and need additional motivation to excel in school |
| D. Children of single parent homes |   |

We certify that this program meets the Soccer Across America philosophy by servicing "at risk" children and the development of a program in an area not currently serviced. **Please circle all the above criteria that applies.**

**Programs must also submit a letter to STYSA requesting Soccer Across America Status. The letter must state the following in detail: Description of program, services offered by program, and anticipated needs.**

<b>SUBMITTED BY</b>	Program Director (Contact Person)		
	Address		
	City	Zip	
	Phone	Work Phone	
	Email	Fax	

Signature of Program Director: \_\_\_\_\_

Association President \_\_\_\_\_

Association Name \_\_\_\_\_

Signature of Association President: \_\_\_\_\_

Club President If Applicable \_\_\_\_\_

Club Name If Applicable \_\_\_\_\_

Signature of Club President: \_\_\_\_\_

<p><i>Soccer Across America status is not automatic and programs are approved on a need basis. Only low economic and under-served areas are considered.</i></p> <p><i>If approved, your program will receive reduced fees. Please indicate the total number of players in your program.</i></p> <p style="text-align: center;">_____</p>	Anticipated Number of Participants		
	Age	# of male players	# of female players
	U18		
	U17		
	U16		
	U15		
	U14		
	U13		
	U12		
	U11		
	U10		
	U9		
	U8		
	U7		
U6			
U5			

Were any of these players previously registered with STYSA? YES | NO (Please Circle)

If YES, please indicate how many players: \_\_\_\_\_

**ADDITIONAL NOTES**

SEASONAL YEAR	Begins Sept 1 and ends Aug 31 of the following calendar year
APPLICATION FOR PARTICIPATION	Accepted and reviewed on an ongoing basis
NOTIFICATION OF ACCEPTANCE	Will be sent to Program Director, Association President, Association Registrar, and STYSA Registrar.

**Clubs wishing to apply for Soccer Across America status should send a letter requesting approval to:  
South Texas Youth Soccer Attn: Soccer Across America 15209 U.S. 290, Manor, TX 78653  
512-272-4553 jeneb@stxsoccer.org**

Last Updated: 5/16/2016