Scholarship Application Instructions

1. Please review the 2017 ODP cost breakdown and explanation sheet that has been provided with this application. This cost sheet contains a breakdown, explanation of costs, and payment options.

2. If upon reviewing the cost breakdown sheet a need for scholarship exists, please complete the ODP Scholarship form.

3. Every scholarship applicant (player) is required to submit a 500 word essay entitled: “My Favorite Player And How I Think They Worked To Get Where They Are Today”.

4. Scholarship applications may be sent to the state office starting November 18, 2016. Completed application, all appropriate tax forms to include copy of your 2015 tax return and an estimate of income for the current year to include last pay check stub, or if self-employed, a P & L statement, notification form and essay must reach the State office by **COB, December 8, 2016. Late or incomplete applications will not be considered.** Submit all application materials to the following address:

   Maryland State Youth Soccer Association  
   221 5th Avenue, SE  
   Glen Burnie, Maryland 21061  
   or  
   FAX: 410-768-5406

5. The scholarship committee consists of the MSYSA 2nd Vice President, MSYSA Programs Director, 1 Member at Large, 1 Regional Commissioner, and the MSYSA Treasurer.

6. The decision of the scholarship committee will be final. Notification to all applicants, regardless of outcome, will be sent by December 31, 2016.

7. Please note that the awarding of scholarships is based on fund availability. Qualification for scholarship does not guarantee receipt.

8. Scholarship figures will be based on need and will be assigned as follows:

   a.) 50%: This assessment means that the family is responsible for 50% of the program fee. Deposit fee is not subject to scholarship. The payment schedules with applicable due dates will remain the same, however, with modified amounts. The player is expected to perform 6 hours of volunteer work in the awarded season which is assigned by the team coach and verified on completion by the MSYSA.

   b.) 100%: This assessment means that the family is responsible for none of the program fee. Deposit fee is not subject to scholarship. The player is expected to perform 8 hours of volunteer work in the awarded season which is assigned by the team coach and verified on completion by the MSYSA.

   c.) Airline Tickets: Scholarship awards are not typically used for airline tickets to ODP events; however, in rare instances, the MSYSA will consider these special circumstances.

9. All information provided will be kept confidential and destroyed after the current season.
Maryland State Youth Soccer Association  
Olympic Development Program  
Cost Breakdown and Explanation Sheet

**OPTION 1 – Payment in Full**  
*(a $75 discount will be given if this option is selected)*

<table>
<thead>
<tr>
<th>PAYMENT</th>
<th>DATE DUE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1-Deposit Fee</td>
<td>November 17, 2015</td>
<td>$300.00</td>
</tr>
<tr>
<td>#2-Program Fee</td>
<td>December 2, 2016</td>
<td>$1175.00*</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$1475.00</td>
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**OPTION 2 – Payment Schedule**

<table>
<thead>
<tr>
<th>PAYMENT</th>
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<tr>
<td>#1-Deposit Fee</td>
<td>November 17, 2016</td>
<td>$300.00</td>
</tr>
<tr>
<td>#2-Program Fee</td>
<td>January 6, 2017</td>
<td>$416.00</td>
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<tr>
<td>#3-Program Fee</td>
<td>February 3, 2017</td>
<td>$416.00</td>
</tr>
<tr>
<td>#4-Program Fee</td>
<td>March 3, 2017</td>
<td>$418.00</td>
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<tr>
<td>Total</td>
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<td>$1550.00</td>
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Program Fee includes:

- Uniform  
- Field Rental  
- Virginia Friendlies  
- Region I Identification Camp  
- Coaching Fees  
- Coaches Travel Costs  
- Administrative Fees

Costs not covered by Program Fee:

- International Trips (Approximate cost: $3000)  
- Region I Tournament (Rider Cup) (Approximate cost: $150)  
- Bus Travel Expense for ID Camp (Girls Only) (Approximate cost: $200)

Payment Policies:

- A $25 fee will be added to all returned checks and credit cards. Additionally, once a returned payment fee has been incurred, all future ODP fees must be paid in cash, money order or certified check.
- The MSYSA will enforce a strict “No Pay...No Play” policy for all ODP participants. If a player is not current with ODP fees then the player will not be allowed to participate in any ODP activities, including but not limited to training sessions, practice games, tournaments, and camps. The player will be allowed to rejoin the program after all owed fees are paid.
- No refunds will be processed for Maryland State ODP fees. Exceptions to this will be considered on a case by case basis.
Maryland State Youth Soccer Association
Olympic Development Program
Scholarship Application Form

1.) Player’s Name ____________________________ Birth date ______________ Age Group ______________

Mother’s/Guardian’s Name ____________________________________________________________

Address __________________________________________________________

(H) Phone _______________ (W) Phone _______________ (C) Phone _______________

Father’s/Guardian’s Name __________________________________________________________

Address __________________________________________________________

(H) Phone _______________ (W) Phone _______________ (C) Phone _______________

2.) Please clearly print or type complete name of all household members.

<table>
<thead>
<tr>
<th>Member</th>
<th>Relationship to Player</th>
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3.) Please list household yearly income (see following page): $____________________

Please note any special circumstances or considerations that need to be accounted for.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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, the MSYSA 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 ____________________________________________

Printed Name ___________________________________________________________________
Income to Report

Earnings from Work
Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker’s Compensation
Net Income from Self-Owned Business/Farm

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement 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 Maryland State 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 W-2 forms and/or immigration form. You or your family’s eligibility may be checked at any time during program participation.
Maryland State Youth Soccer Association
Olympic Development Program
Scholarship Notification Form

Please fill out this form and submit it along with the scholarship application form.

Upon review of your application, this form will be returned back to you with the decision of the Scholarship Committee.

Contact Information

Player’s Name _____________________________________ Birth date ___________ Age Group ______

Mother’s/Guardians’ Name ________________________________________________________________

(H) Phone _______________________________ (W) Phone _______________________________

Father’s/Guardian’s Name ________________________________________________________________

(H) Phone _______________________________ (W) Phone _______________________________

Address where notification should be sent:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

FOR OFFICIAL USE ONLY

_____Scholarship APPROVED - Scholarship figure and explanations follows:

_____50% Scholarship is approved. Family and player will be responsible for 50% of all event fees.

_____100% Scholarship is approved. Family and player have been granted full scholarship for all events.

_____Special Scholarship Aid Available

________ Scholarship is DENIED

Reason:

______________________________________________________________________________

______________________________________________________________________________

Decision Date ________________

2nd Vice President – MSYSA

Executive Director – MSYSA