



**South County Youth Soccer Club**  
730 Kingstown Rd, Box 11  
Wakefield, RI 02879  
Phone: 401-782-8200  
Email: scysc1@gmail.com

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## Need Based Scholarship Application

Please supply the following information:

Child(ren) for whom you are requesting aid

Full name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Program: \_\_\_\_\_

Full name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Program: \_\_\_\_\_

Full name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Program: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Current participation in any of the following programs is required to be considered for aid:

- RI Works
- Federal SNAP Program
- State Free/Reduced Lunch Program

Please attach supporting documents along with this application to the SCYSC office at the address below before January 31. Please note that applications must be received by this date to be considered.

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