

**RANDY PALYA
MEMORIAL SOCCER SCHOLARSHIP APPLICATION
(Richmond/Spring Grove Soccer Association)**

CHILD'S NAME _____ AGE _____

ADDRESS _____ PHONE _____

HAS YOUR CHILD PLAYED IN THIS LEAUGE BEFORE? _____ WHEN? _____

WHAT AMOUNT ARE YOU REQUESTING? _____

ARE YOU ABLE TO PROVIDE ANY FUNDS AT THIS TIME? _____

HAS YOUR INCOME RECENTLY CHANGED? _____ WHEN? _____

PLEASE EXPLAIN WHY YOU NEED THIS SCHOLARSHIP _____

ARE YOU ABLE TO ASSIST WITH ANY LEAGUE ACTIVITIES OR FUNDRAISING?
(COACHING, HELP AT REGISTRATION, HELP WITH RUN FOR RANDY)

**TO BE ELIGIBLE FOR THIS SCHOLARSHIP, THE PARENT(S) OR GUARDIAN(S)
OF THE APPLICANT MUST COMMIT TO SUPPORTING THE PARTICIPATION IN
PRACTICES AND GAMES (must attend at least 80% of all practices and games). IF
YOU AGREE, PLEASE SIGN AND DATE BELOW.**

signature of parent or guardian

date

“Allowing children to play a sport that Randy loved”

**Please mail completed form to:
RSGSA
P.O. Box 114
Spring Grove, IL 60081**