



**De Pere Rapides Youth Soccer Club**  
**Soccer Scholarship Program**  
**Financial Assistance**

***Purpose:***

- The Soccer Scholarship Program has been established to provide youth in the De Pere and Wrightstown area the opportunity to participate in the recreational soccer program, regardless of financial status.

***Definitions:***

“Family/Household” means all persons currently residing at the same address who are directly related (mother, father, son, daughter), are legal dependents of the applicant or are foster children.

“Hardship” for the purpose of this scholarship program means the family is unable to financially support/fund the program due to loss of employment, serious or chronic medical condition that prevents steady employment, major event or crisis impacting household income, or lacks sufficient means to cover full program costs.

***Availability:***

- Scholarships are awarded on a first come, first served basis and will be awarded only as long as there are available funds and are within the guidelines established.
- Scholarships will provide a maximum of 50% of the league registration fee.

***Eligibility:***

- Scholarships are available based upon the applicant’s household income or when an applicant can demonstrate a financial hardship. Household income will be compared to the De Pere School Districts National Lunch Program income scale in determining eligibility for a scholarship.
- *Residents of the City of De Pere should apply through the City of De Pere Recreation Scholarship instead, found at [https://www.deperewi.gov/egov/documents/1578684317\\_07914.pdf](https://www.deperewi.gov/egov/documents/1578684317_07914.pdf)*

## ***Application Process:***

- Applicants may apply by completing the Soccer Scholarship Program Application form signed by an adult member of the household. The applicant must include a copy of **one of the following**:
  1. Most recent federal income tax return;
  2. Brown County Social Services form showing current food stamp or AFDC eligibility;
  3. Proof of eligibility for free school lunch in any De Pere or Wrightstown school district;  
or
  4. Written description of hardship; hardship cases will be reviewed and may be explained in writing on the application, or attached on a separate piece of paper (written or typed). Hardship referrals may be accepted from the applicant or other individuals or social services agencies on applicant's behalf.
- Hardship cases will be reviewed on an individual basis.
- You must also complete the soccer registration process at [dprys.org](http://dprys.org) up to the payment step of registration. Once scholarship application is reviewed, you will receive notification to complete your registration with any remaining balance after scholarship funds are applied. Alternately, you may complete the payment portion and then will be reimbursed up to 50% of the registration cost upon awarding of scholarship.

## ***Selection Process:***

- The scholarship committee of the DPRYS board will review applications and make scholarship determinations within a 7-10 day time frame.
- Applicants will be notified by e-mail of their funding status.
- Application and financial information will be kept confidential to the extent permitted by law.
  - Mail paper application to:  
De Pere Rapides Youth Soccer Club  
Attn: Scholarship Committee  
PO Box 5033  
De Pere, Wisconsin 54115  
or
  - Email scanned application to: [registrar@dprys.org](mailto:registrar@dprys.org)
- For questions, email [board@dprys.org](mailto:board@dprys.org) (preferred) or leave a voicemail message at 920-785-0203



**SOCCER SCHOLARSHIP PROGRAM  
APPLICATION FORM  
[Financial Assistance Program]**

**\*Please thoroughly read all sections of the Scholarship Program's details before applying\***

**CONTACT INFORMATION:**

Guardian's LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Children: *(Number of children, 17 & under, living in household)* \_\_\_\_\_ Adults: *(Number of adults, 18 & over, living in household)* \_\_\_\_\_

**EMPLOYMENT:**

Are you currently employed?  Yes  No

Is your spouse / partner currently employed?  Yes  No

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Monthly Household Income: *(Include all sources of all income.)* \_\_\_\_\_

**ATTACH VERIFICATION OF ONE OF THE FOLLOWING:**

Federal Income Tax Return       Participation in Free Lunch Program       Brown County food stamp or AFDC eligible

Financial Hardship Description *(or attach separate sheet):* \_\_\_\_\_

**PLAYER(S) SCHOLARSHIP IS BEING APPLIED FOR:**

List player name(s) and birthdate(s): \_\_\_\_\_

I hereby verify that the information stated on this application is true and correct.

**APPLICANT'S SIGNATURE:** *(18 years or over)* \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Mail application to:  
De Pere Rapides Youth Soccer Club, Attn: Scholarship Committee, PO Box 5033, De Pere, WI 54115**

**--or--**

**Email scanned application to: registrar@dprys.org**