

DYSA Referee Scholarship

Scholarship Application

A completed Application shall include

Scholarship Application

Recommendation Letters

Optional Attachments include

High School Transcripts

College Acceptance Letters

Completed applications must be mailed to the following post office box.

Applications must be postmarked **NO LATER** than **April 15, 2024**

DYSA Scholarship Committee

P.O. Box 79313

Dartmouth, Massachusetts 02747

Incomplete applications or those postmarked after **April 15, 2024** will not be considered for award

DYSA Referee Scholarship
Scholarship Application

Applicant's Information:

1. Name _____

2. Date of Birth _____

3. Address _____

4. Telephone Number(s) _____

5. Email Address _____

6. School Currently Attending _____

7. Year Graduated/Graduating _____

8. Are you a Massachusetts Certified Referee _____

9. If yes, how many years have you held a referee certification? _____

10. Participation in DYSA Soccer Programs as a as a referee

Referee for Fall Recreational Program # years _____

Referee for Fall SCSL Program # years _____

Referee for Spring SCSL Program # years _____

11. List Participation as a referee in other soccer programs. Please list name and # of years :

12. List to which you've applied

School	Acceptance Status (Attending, Accepted, Not Accepted, Wait Listed, Waiting)

13. Briefly describe your experience(s), involvement, and volunteer work in DYSA. Use the space below or an attachment.

14. Please list at least two references that can speak to your time as a referee below. Letters of recommendations should be attached to this application.

Applicant's Signature Date