



Team Player Scholarship Award

in memory of

Coach Charlie Correia

Completed Application

should be mailed to:
DYSA Scholarship Committee
c/o Stacy Rowe
773 Faunce Corner Rd,
N Dartmouth, MA 02747
Application must be postmarked by

April 15, 2024

Sponsored by Dartmouth Youth Soccer Association

PLEASE TYPE OR PRINT

Name: _____

Date of Birth: _____

Address: _____

Telephone Number(s): _____

Email Address: _____

School Currently Attending: _____ Year Graduating: _____

Participation in DYSA Soccer Program

Fall Program _____ # of years Fall Referee _____ # of years Spring Player _____ # of years

Patched Referee _____ # of years DYSA Camps _____ # of years Volunteer _____ # of years

Participation in Other Soccer Programs Other Town MAPLE MASC Other _____

Participation in High School Soccer Programs Yes No _____ # of years

List Participation/Involvement in Other Community and Civic Programs:

List Schools applied to & acceptance status:

Will Attend (WA) Accepted (ACC) Not Accepted (NA) Wait List (WL) Waiting (W)

