



Scholarship Application

Please complete the following application and return to the Livingston Youth Soccer Association @ [shilohbarrett27@gmail.com](mailto:shilohbarrett27@gmail.com)

Or

LYSA  
PO Box 556  
Livingston, MT 59047

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ \*\*Email: \_\_\_\_\_

Program(s) Requested: \_\_\_\_\_

Scholarship Amount Requested:

Partial Scholarship: \_\_\_\_\_ (Participant pays \$225)

Full Scholarship: \_\_\_\_\_

**Scholarships will be awarded based on number of applicants and available funds. Once your application has been reviewed and approved you will be notified via \*\*email.**

Please feel free to contact Shiloh Barrett if you have any questions or concerns  
[shilohbarrett27@gmail.com](mailto:shilohbarrett27@gmail.com) :

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**Department Use Only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Scholarship approved:    Yes    No

Amount Approved: \_\_\_\_\_