

Jared Beach Scholarship Program

To honor the memory of Jared Beach, Texarkana United Soccer Association is pleased to announce the formation of the Jared Beach Scholarship Program. This program is aimed at providing registration fee scholarships to help area children participate in recreational programs offered by Texarkana United Soccer Association. This scholarship program provides assistance to children from low income families who would not otherwise have the opportunity to participate in youth soccer.

All Scholarship awards will be decided upon by the Board of Directors for the Texarkana United Soccer Association and will be based on the number of applicants, financial resources available, and current registration needs. All information submitted will remain confidential and will be used for the sole purpose of judging scholarship eligibility. The Board reserves to the right to award registration fee scholarships and alter the application criteria as needed without further notice. All decisions by the Board will be final and not subject to appeal.

The parents need to provide for the cost of the uniform, shin-guards, proper shoes and practice ball for each child. Scholarship recipients must commit to attend a minimum of 80% of scheduled practices and games.

Any child who meets <u>any</u> of the following eligibility criteria is eligible for a scholarship.

- Qualify for free or reduced school lunches
- Be eligible for TANF (Temporary Aid for Needy Families)
- Receive assistance from one or more of the following programs: Food Stamps, Welfare, Foster Care, Medicaid, or SSI

TEXARKANA UNITED SOCCER ASSOCIATION JARED BEACH SCHOLARSHIP PROGRAM APPLICATION

	Age: M	lale/Fem	ale:	Birthdate:
Parent/Guardian:	Home phone:		Work phone:	
Family EMAIL(Required):				
Family's Address:				
Street		city	state	zip
School Child Attends:		G	rade:	
Does your child qualify for free or redu	ced school lunch:	YES	NO	
Is he/she eligible for TANF (temporary	aid to needy families):	YES	NO	
If so, Service #	or Case #	£		
Is he/she receiving other public benefits If so, which benefits:	s: YES NO			
CONS	ENT TO EXCHANGE	INFOR	MATIO	<u>N</u>
I understand that additional inferences with other agencies, and to ve				ve myself/my child, to coordinate s form, I am allowing agencies to
exchange certain information so it will be information I have supplied is true and information on this application. I under attend a minimum of 80% (eighty percentage)	correct. I further authorstand that my child's par	de or coorize the 'ticipation	Texarkana n in this p	Soccer Association to verify the
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PLEASE COMPLETE THIS SCHOLARSHIP APPLICATION FORM AND ATTACH VERIFYING DOCUMENTS AND SEND EVERYTHING TO THE TEXARKANA SOCCER ASSOCIATION, P.O. BOX 6183, TEXARKANA, TX 75505-6183

ONCE WE REVIEW THE DOCUMENTS WE WILL SEND YOU A VOUCHER CODE VIA EMAIL SO YOU CAN REGISTER ONLINE.