

SOCCER START PROGRAM - APPLICATION FOR PARTICIPATION

SEASONAL YEAR	20_____ TO 20_____	FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/>
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Players will register through the following STYSA Member Association

<input type="checkbox"/> AAYSA	<input type="checkbox"/> BAYSA	<input type="checkbox"/> BLYSA	<input type="checkbox"/> CAYSA	<input type="checkbox"/> CSYSA	<input type="checkbox"/> EAYSA	<input type="checkbox"/> HAYSO	<input type="checkbox"/> KVYSA	<input type="checkbox"/> LYSA	<input type="checkbox"/> TYSA
<input type="checkbox"/> ANYSA	<input type="checkbox"/> BBYSA	<input type="checkbox"/> BVYSA	<input type="checkbox"/> CBYSA	<input type="checkbox"/> CYSYSA	<input type="checkbox"/> ELYSA	<input type="checkbox"/> HVYSA	<input type="checkbox"/> KYSA	<input type="checkbox"/> RVYSA	<input type="checkbox"/> UYSA
<input type="checkbox"/> AYSYSA	<input type="checkbox"/> BDYSA	<input type="checkbox"/> BYSA	<input type="checkbox"/> CCYSA	<input type="checkbox"/> DRYSA	<input type="checkbox"/> EPYSA	<input type="checkbox"/> HYSYSA	<input type="checkbox"/> LHYSYSA	<input type="checkbox"/> SYSA	<input type="checkbox"/> VYSYSA

Mission Statement

Soccer Start is a sports participation program designed to **introduce the sport of soccer** to children living in economically depressed areas. The program targets disadvantaged children in rural, suburban and urban areas who need an activity outside of school, in their own environment. The philosophy of Soccer Start is that all children can benefit from an exposure to the sport, regardless of the level of parental involvement or ability to play.

Targeted Youth

Soccer Start targets disadvantaged at-risk children, boys and girls from the ages of 6 to 18 years of age, playing Division III or IV Recreational Soccer. This can be made up complete teams or an individual playing on a mainstream team. These children may be classified at-risk due to:

- | | |
|------------------------------------|---|
| A. Low income household | E. Children with learning disabilities |
| B. Exposure to crime and drugs | F. Children without organized after school supervision (latchkey) |
| C. Language and cultural barriers | G. Children who score low on TAAS state testing and need additional motivation to excel in school |
| D. Children of single parent homes | |

We certify that this program meets the Soccer Start criteria of servicing "at risk" children.

SUBMITTED BY	Association President		
	Address		
	City		Zip
	Home Phone		Work Phone
	Email		Fax

Signature of Association President:

Club President If Applicable			
Address			
City			Zip
Home Phone		Work Phone	
Email		Fax	

Signature of Club President:

Program Director (Contact Person)			
Address			
City			Zip
Home Phone		Work Phone	
Email		Fax	

Signature of Program Director:

IF APPLYING FOR A PROGRAM MADE UP OF TEAMS:

Anticipated Participation	Males	Females	# Teams	Division III	# Teams	Division IV	# Volunteers

IF APPLYING FOR INDIVIDUALS TO PLAY ON MAINSTREAM TEAMS:

Anticipated Participation	Males	Females	# Teams	Division III	# Teams	Division IV	# Volunteers

REDUCED FEES REQUEST

We certify that this program meets the Soccer Start criteria of serving "at risk" children and request reduced fees for the anticipated number of _____ participants.

NOTES

1. SEASONAL YEAR - beginning September 1 and ending August 31 of the following calendar year
2. APPLICATION FOR PARTICIPATION is due in the STYSA Office by **SEPTEMBER 1ST**.
3. NOTIFICATION OF ACCEPTANCE TO: 1. Association President 2. Association Registrar 3. STYSA Office

SOCCER START PROGRAM HISTORY REPORT

SEASONAL YEAR	20____ TO 20____	FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/>		
<input type="checkbox"/> AAYSA <input type="checkbox"/> BAYSA <input type="checkbox"/> BLYSA <input type="checkbox"/> CAYSA <input type="checkbox"/> CCYSA <input type="checkbox"/> EAYSA <input type="checkbox"/> EPYSA <input type="checkbox"/> HVYSA <input type="checkbox"/> LYSA <input type="checkbox"/> TYSA <input type="checkbox"/> ANYSA <input type="checkbox"/> BBYSA <input type="checkbox"/> BVYSA <input type="checkbox"/> CBYSA <input type="checkbox"/> CYSA <input type="checkbox"/> EBYSA <input type="checkbox"/> HYSYSA <input type="checkbox"/> KYSA <input type="checkbox"/> RVYSA <input type="checkbox"/> UYSA <input type="checkbox"/> AYSA <input type="checkbox"/> BDYSA <input type="checkbox"/> BYSA <input type="checkbox"/> CSYSA <input type="checkbox"/> DRYSA <input type="checkbox"/> ELYSA <input type="checkbox"/> HNYSA <input type="checkbox"/> KYSO <input type="checkbox"/> SYSA <input type="checkbox"/> VYSA				
ASSOCIATION				
CLUB				
What contributed to the success of the SS Program?				
Did the SS Program encounter any failures? Explain.				
Describe non-parental volunteer involvement?				
Tell about the parental volunteer involvement.				
Was there teen involvement? Describe involvement.				
Was there any community support or involvement? Describe.				
Estimated Ethnicity (For Grant Purposes)	Ethnic Origin	Males	Females	% of Program
EXPECTED PROGRAM GROWTH	Year	% of Growth		
	2009 - 2010			
	2010 - 2011			
	2011 - 2012			
Submitted by			Date	