



MISSION YOUTH SOCCER LEAGUE  
 Location: 2300 16<sup>th</sup> Street #170 San Francisco, CA 94103  
 Mailing Address: PO BOX 411345 San Francisco, CA 94141  
 League Coordinator Cell: (949) 698-3882  
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**ESTABLISHED IN 1991**

The Mission Youth Soccer League promotes a year round soccer program for youths ranging in ages from 4 to 19. Teams registering with the League are expected to participate in the soccer program throughout the year, which runs from August to August.

**MYSL SCHOLARSHIP APPLICATION AND ACKNOWLEDGMENT 2023-24**

On behalf of the player indicated below, I am requesting a scholarship to cover registration fees for The Mission Youth Soccer League for the 2023-24 season as follows:

Player: \_\_\_\_\_ Team: \_\_\_\_\_  
 Address: \_\_\_\_\_ Team Number: \_\_\_\_\_

The following applies to our family (check all that apply) and attach supporting documentation if possible:

- \_\_\_\_\_ We are in a California State Benefit program
- \_\_\_\_\_ We are in Medi-Cal program
- \_\_\_\_\_ We are in Healthy Families program
- \_\_\_\_\_ This player has been approved by SFUSD or the player's school for free/reduced lunch
- \_\_\_\_\_ We live in public housing
- \_\_\_\_\_ Disability
- \_\_\_\_\_ Unemployment
- \_\_\_\_\_ Other (please describe in letter)

**I have attached a letter explaining the request for aid and supporting documentation.**

I understand and agree the following conditions on the requested scholarship award:

- I understand that the time commitment to this team is for one year
- I understand that the league charges each player a fee, due and payable upon registration with the league, to cover registration fees
- I understand that the league is granting to my child a scholarship award that will reduce or eliminate the registration fee.
- I understand that the league will not approve a transfer or release of my child during the entire 2023-24 year unless the entire amount of the scholarship award has been refunded to the MYSL.
- I understand that scholarship awards are only available to San Francisco residents and I have provided residency proof in the requested format.

**As the parent/guardian of (player name) \_\_\_\_\_, I agree that I have read the above statements and understand the terms and conditions of the grant of the scholarship award to my child.**

Parent / Legal Guardian name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_, 202\_\_



LIGA JUVENIL DE FUTBOL DE LA MISION  
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**ESTABLECIDO EN 1991**

La Liga de futbol de la Misi3n promueve un programa de f3tbol durante todo el a3o para j3venes de edades comprendidas entre los 4 y los 19 a3os. Se espera que los equipos que se registren con la Liga participen en el programa de f3tbol durante el a3o calendario. El a3o de f3tbol de MYSL va de agosto a agosto.

**BECA MYSL APLICACI3N Y AGRADECIMIENTO 2023-24**

En nombre del jugador que se indica a continuaci3n, solicito una beca para cubrir las tarifas de inscripci3n para la Liga Juvenil de futbol de la Mision para la temporada 2023-24 de la siguiente manera:

Jugador: \_\_\_\_\_ Equipo: \_\_\_\_\_  
Address: \_\_\_\_\_ Numero de equipo : \_\_\_\_\_

The following applies to our family (check all that apply) and attach supporting documentation if possible:

- We are in a California State Benefit program
- We are in Medi-Cal program
- We are in Healthy Families program
- This player has been approved by SFUSD or the player's school for free/reduced lunch
- We live in public housing
- Disability
- Unemployment
- Other (please describe in letter)

**HE ACORDADO UNA CARTA QUE EXPLICA POR QU3 CREO QUE MI HIJO DEBER3A RECIBIR UNA BECA.**

Entiendo y acepto las siguientes condiciones en el pedido Al aceptar la beca

- Entiendo que el compromiso de tiempo con este equipo es de un a3o..
- Entiendo que la liga cobra a cada jugador una cuota, debida y pagadera al registrarse en la liga, para cubrir las cuotas de inscripci3n.
- Entiendo que la liga otorga a mi hijo una beca que reducir3 o eliminar3 la cuota anual.
- Entiendo que la liga no aprobar3 una transferencia o liberaci3n de mi hijo durante todo el a3o 2022-23, a menos que el monto total de la beca haya sido reembolsada a la MYSL.
- Entiendo que los premios de becas solo est3n disponibles para los residentes de San Francisco y he proporcionado comprobante de residencia en el formato solicitado.

Como el padre / guardi3n de (nombre del jugador) \_\_\_\_\_,

Estoy de acuerdo en que he le3do las declaraciones anteriores y entiendo los t3rminos y condiciones de la conces3n del premio de beca a mi hijo.

Nombre del padre / tutor legal \_\_\_\_\_ Phone: \_\_\_\_\_ -

Firma \_\_\_\_\_ Fecha \_\_\_\_\_, 202\_\_