



## Jared Beach Scholarship Program

The Texarkana Soccer Association is pleased to offer the ***Jared Beach Scholarship Program***. This program is aimed at providing registration fee scholarships to help area children participate in the youth soccer programs sponsored by the Texarkana Soccer Association and the City of Texarkana Parks and Recreation Department at Grady T. Wallace Park. Specifically, this scholarship program provides assistance to youths from low income families who would not otherwise have the opportunity to participate in the exciting and growing sport of youth soccer.

Any school-aged child who meets the following eligibility criteria may be eligible for a registration fee scholarship and in turn be eligible to receive complimentary player equipment, which will consist of a pair of soccer shoes and shin guards courtesy of Play-It-Again Sports®:

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

The only other requirement is to make a commitment to attend a minimum of 80% (eighty percent) of scheduled practices and games. Priority for the ***Jared Beach Scholarship Program*** will be given to eligible applicants meeting one or more of the criteria below:

- Member of a multi-child family
- Living in a single parent home
- Recommended by a Texas Department of Family and Protective Services case worker, an Arkansas Department of Health and Human Services social worker, Texarkana area public schools social worker or counselor, or any community center director

All scholarship awards will be decided upon by the Board of Directors of the Texarkana Soccer Association and will be based on number of applicants, financial resources available and current registrations needs. The Board reserves the right to award registration fee scholarships and equipment vouchers separately and alter the application criteria as needed without further notice. All decisions by the Board will be final and non-appealable. All applications are due by the season's registration deadline. Late applications will be addressed on a first-come, first-served basis.

All scholarship recipients will be responsible for the cost of their individual team uniforms, shine guards, ball and shoes.

If you have any questions, contact Holt Crenshaw or Dennis Wormington via e-mail at [tsa@texarkanasoccer.com](mailto:tsa@texarkanasoccer.com).

**TEXARKANA SOCCER ASSOCIATION  
JARED BEACH SCHOLARSHIP PROGRAM APPLICATION**

*Please complete the following information, one application per child:*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Family's Address: \_\_\_\_\_

Street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child qualify for free or reduced 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: YES NO

If so, which benefits: \_\_\_\_\_

**CONSENT TO EXCHANGE INFORMATION**

I understand that additional information may be required to adequately serve myself/my child, to coordinate services with other agencies, and to verify eligibility for services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to provide or coordinate these services. I certify that all of the information I have supplied is true and correct. I further authorize the Texarkana Soccer Association to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% (eighty percent) of the scheduled practices and games.

**REQUEST FOR FEE WAIVER**

I am currently enrolled in a public assistance program such as Free or Reduced Lunch, Welfare, Food Stamps, Foster Care, Medicaid or SSI. I hereby request a fee waiver for the Texarkana Soccer Association Youth Soccer Scholarship Program and give my permission for the applicable state agency to release information verifying my eligibility. I understand that if I am receiving Medicaid or SSI, I must submit proof that I am receiving services.

\_\_\_\_\_, am signing this form for \_\_\_\_\_  
(Full printed name of requesting person) (Printed name of child receiving services)

**HAVE YOUR COMPLETED SCHOLARSHIP APPLICATION FORM SIGNED BY YOUR CASE/SOCIAL WORKER OR SCHOOL COUNSELOR (if applicable), ATTACH VERIFYING DOCUMENTS, FILL OUT THE PLAYER REGISTRATION FORM AND SEND EVERYTHING TO THE TEXARKANA SOCCER ASSOCIATION, P.O. BOX 6183, TEXARKANA, TX 75505-6183**

*This section MUST be completed in order to process the application.*

Signature of Parent/Guardian: _____			Phone: _____			Date: _____		
Official's Verification: _____								
Agency			Signature			Title		
Official's Printed Name: _____			Phone: _____			Date: _____		