MOSA
ODP
SCHOLARSHIP FORM

Applicant's Name _____B____G____

Club:_____ Team_____

Age Group _____/_____ D.O.B._____

ODP Age _____ ODP Team_____

Fees to be Paid by Player:

Initial Tryout Fee $_____

State Player Fee $_____

Event Fees $_____

Regional Camp Fee $_____

Other Fees $_____

Total Fees Paid $_____

Portion Paid By Club $_____

Club President/MOSA Rep Certification of Payment:

I hereby certify that _____ has paid_____
(Club) (Paid to)

the amount listed above: _____Date:_____

(President/MOSA Rep.)

NOTE: Please supply a copy of the club check as verification of payment.

ALL CHECKS FROM MOSA WILL BE MADE OUT TO NEW JERSEY YOUTH SOCCER.