

Date: __/__/__

St. Cloud Soccer Scholarship Application

Players Name: _____ Players DOB: _____

Has your child played soccer with SCSC before? Yes No

If yes, how many seasons _____ Last season played _____

Has your child received a scholarship from SCSC prior to this application? Yes No

Which Program is your child registering under? Recreation Select Competitive

Does your child receive free lunch at school? Yes No

How many people in your household? _____

Do you receive any kind of government assistance? Yes No

(Please note further documentation to support answers may be requested)

In order for SCSC to consider you as a possible scholarship recipient please give a brief explanation as to your need for a scholarship.

I understand the rules and requirements for a SCSC soccer scholarship and agree to perform at least __ hours of volunteer service to SCSC either in the concession stand, field work or other area approved by the SCSC Board of Directors. I understand that if I do not complete the __ hours of volunteer service that I will not qualify to receive a scholarship in the future.

Parent/Guardian Printed Name Signature

Relationship to Player Phone Number

Official Use

Only:

Scholarship Amount Rewarded \$ _____ Remaining Balance \$ _____

Program Director Signature _____

Executive Director Signature _____