



NORTH SCOTT SOCCER CLUB SCHOLARSHIP APPLICATION

Player Name: _____ Date of Birth: _____

Parent(s)Name(s): _____

Email Address:

Phone Number: _____

North Scott Soccer Club Team: _____

Basis for Scholarship Request (Mark (X) one) :

_____ Player receives reduced/free school lunch program

_____ Other. Please detail: _____

Scholarship Request (Mark (X) items requested):

_____ Club fees

_____ Uniform

_____ Tournament fee (Blake Mallinger Scholarship). Please detail tournament & fee amount requested (up to maximum of \$50 fall/spring session):

Parent Signature

Date