



Scholarship Application form

(Please Print & Complete)

Program Selection

Program Name: _____ Cost: _____

Parent / Guardian Information

Father	Mother
Name	Name
Address (Street)	Address (Street)
State, City, Zip	State, City, Zip
Telephone	Telephone

Family Financial Situation

Are you a single parent? Yes No

Do you receive Governmental aid? (Welfare, Medi-Cal, SDI, AFDC or SI) Yes No

Do any of your children receive free or reduced meals at school Yes No

Number of Family Members in your household? _____

Total Annual Household Income? _____

What is your monthly rent or morgtage payment? _____

I certify that the information in this application is correct to the best of my knowledge.

Date: _____ Signature: _____



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Player information

Last Name		First Name
DOB	Age	Sex M / F (Circle)

Soccer Experience

Describe your soccer related experience (Years played, teams, Position, camps, etc.)

Explain your sports related goals

Highlight your academic goals (Ages 14+)
