



# Freeland Soccer Club Scholarship Application

Please type or print your answers.

|    |   |                    |
|----|---|--------------------|
| 1. | Player Last Name:   | Player First Name: |
| 2. | Mailing Address:<br>Street: _____<br>City: _____ State: _____ ZIP: _____  |                    |
| 3. | Name & address of parent(s) or legal guardian(s):<br>Name(s): _____<br>Email Address: _____ Telephone Number: (____) _____  |                    |
| 4. | Parent volunteer opportunities if needed:<br><input type="radio"/> Coach <input type="radio"/> Assistant Coach <input type="radio"/> Referee <input type="radio"/> Board Member <input type="radio"/> Grounds Work/Cleaning |                    |
| 5. | How many seasons played with the Freeland Soccer Club? _____  |                    |
| 6. | Does your child participate in our Recreational League or Travel? _____   |                    |
| 7. | Please list additional information regarding debts, non-taxable income or any other factors attributing to concerns covering the registration costs: _____<br>_____<br>_____  |                    |
| 8. | What would this scholarship mean to you?<br>_____<br>_____<br>_____   |                    |
|    | Parent or guardian signature: _____ Date: _____<br><br><b>**You must supply a copy of page 1 &amp; 2 from your most recent U.S. 1040 Tax Return. Please Blackout Social Security Numbers.</b>                               |                    |