



**Trumbull United Soccer Club  
2020-21 Scholarship Application**



Player Name(s): \_\_\_\_\_

TUSC Team: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please briefly describe your financial hardship and/or scholarship needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing below, I confirm that the information stated above is accurate. Should I receive scholarship assistance from TUSC, I will be financially responsible for the remaining balance of club dues. Failure to meet these obligations will forfeit the player's ability to continue participation with TUSC.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Please submit applications to:

Greg Verna, TUSC Co-Treasurer  
12 Brookside Drive  
Trumbull, CT 06611  
gregory.verna@gmail.com