

STEAMBOAT SOCCER CLUB SCHOLARSHIP APPLICATION



PLAYER INFORMATION			
Player's Last Name:		First Name:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Player's E-mail:	Player's Phone Number:
ADDITIONAL PLAYER INFORMATION			
Player's Last Name:		First Name:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Player's E-mail:	Player's Phone Number:
ADDITIONAL PLAYER INFORMATION			
Player's Last Name:		First Name:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Player's E-mail:	Player's Phone Number:
PARENT (1) INFORMATION			
Last Name:		First Name:	
Street Address:		Primary Phone Number:	E-mail Address:
P.O. Box:	City:	State:	ZIP Code:
Occupation:	Employer:		Employer Phone Number:
PARENT (2) INFORMATION			
Last Name:		First Name:	
Street Address:		Primary Phone Number:	E-mail Address:
P.O. Box:	City:	State:	ZIP Code:
Occupation:	Employer:		Employer Phone Number:

Did you receive a scholarship from the SSC for the previous year?

Yes

No

If yes, please give dates and details: _____

Are you currently receiving assistance in any of the following areas? Please check:

Equipment/Uniform

Reduced Fees

Other

Please check current household income bracket:

\$0-\$50,000

\$50,000-\$75,000

\$75,000-\$100,000

Above \$100,000

Why do you feel your child should be awarded Financial Assistance?

If you are not approved for financial assistance, will that limit your child from participating this year? Please explain:

We are in need of volunteers to help support the SSC Scholarship Fund. Please check any areas you would be interested in volunteering in:

Coaching

Team Manager

Office Work

Fundraising

Tournament Planning Committee

Tournament Shift (July 13-16, 2017) Other: _____

I hereby certify that all of the above information is true and correct to my knowledge, and that I have read and understood the Youth Soccer Scholarship Policy, and that the Steamboat Soccer Club reserves the right to terminate scholarship funds at any time after the Scholarship Committee review.

Signature of Parent/Guardian: _____ Date: _____

Please forward application to:

Steamboat Soccer Club

PO Box 770661

Steamboat Springs, CO 80477

admin@steamboat-soccer.com (970) 870-1520