

**Scholarship Application Form
*Please Return to:* Manchester Recreation Center Drop Box**

**To be completed by parent or Guardian—PLEASE print neatly. All information must be completed in order to process application. Incomplete applications will delay selection process.
\*\*\*If applying for multiple children, please use a separate form for each child**

 **CONFIDENTIALITY:** *The Coffee County Soccer League values the privacy and confidentiality of the players and their families. All information provided for scholarship consideration will remain confidential and will not be shared or discussed outside of the deciding board. IF a scholarship is awarded, it will not be indicated on any paperwork nor be shared with future coaches and teammates.*

Parent/Guardian First and Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone—Please provide the best number to reach you at:
Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First and Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_

Date of Birth(mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child played on the **Coffee County Soccer League** before? Yes or No.
 *If yes, please indicate the most recent season and age group (IE: Yes, Spring 2018/U10)*

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

*Below, please report total family income, including: wages, salaries, child support, alimony, pensions, social security, and any other income received including contributions from individuals not living in the home:*
Gross Yearly Household Income: Circle one

($0-$14,999) ($15,000-$24,999) ($25,000-$34,999)

($35,000-$44,999) ($45,000-$54,999) ($55,000- +)

Household size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share how your child would benefit from this scholarship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this form, you are agreeing to the following:**

* I understand that this form DOES NOT register my player for the upcoming season, and that **I must fill out a separate registration form.**
* I understand that the Coffee County Soccer League has a limited number of scholarships and that **filling out this form does not guarantee my child a scholarship.**
* **I understand that the scholarship covers ONLY the registration fee.** I am responsible for providing my players shin guards, cleats, soccer ball, and any additional needs for the season.
* I understand **each scholarship awarded is for one season only** and will not guarantee a scholarship for future seasons.

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Parent/Guardian Signature Date

**Please turn into Registration Box at the Manchester Recreation Department or contact CCSL by Email/Facebook
LATE SCHOLARSHIP FORMS WILL NOT BE CONSIDERED**