



**FC Dallas Emerald Coast Scholarship Request  
2017-2018 Seasonal Year**

**Player Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City;** \_\_\_\_\_, FL

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Team Assigned (Please circle one)</b>	<b>Boy / Girl</b>	<b>Select I/Select II</b>	<b>Red / Blue</b>
9U    10U    11U    12U    13U    14U    15U    16U    17U    18U			

Please initial that you have read and understand the following requirements.

\_\_\_\_Registration amount of \$150 must be paid prior to scholarship requests being accepted. Uniform payment is not part of the scholarship program and must be paid separately.

\_\_\_\_I understand I am responsible for any part of the fee not granted under the scholarship program, and that the maximum amount that could be granted is 1/2 of the dues for both the Fall and Spring season.

\_\_\_\_I understand that if I fail to maintain my account in good standing that the individual player named above may have their player pass pulled and will not be eligible to participate in practice or game play until the account is in good standing.

\_\_\_\_I understand that I am required (or the player) to complete a total of 20 hours of volunteer time to the Club with at least 10 hours to be completed in the fall and the remainder in the spring. If the hours are not completed the scholarship will be revoked and the member will be required to pay their fees in full.

\_\_\_\_I understand that submission of this form does not guarantee the player will be granted a scholarship and that I will be notified in writing by the end of September for the Fall season and end of February for the Spring season as to the status of the scholarship request.

I am requesting \$ \_\_\_\_\_ be awarded in scholarship funds. I will pay \$ \_\_\_\_\_ monthly from August 1 – Nov 1 and January 1 – Apr 1 \_\_\_\_\_ ; the remainder of the fees.

Person requesting scholarship: \_\_\_\_\_  
Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name

Please print, fill out, sign and return by email ([treasurer@fcdallas-ec.com](mailto:treasurer@fcdallas-ec.com)) or mail to:  
FC Dallas Emerald Coast (Attn: Treasurer)  
P.O. Box 832  
Niceville, FL 32588

**\*\*\* A copy of your free/reduced lunch program letter must accompany this form \*\*\***