



Trumbull United Soccer Club 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