

# White Clay Soccer Club Need Based Scholarship Application Form

## Player Information

\_\_\_\_\_  
Last name First Name M.I.

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone # Team Name Gender Team Age

\_\_\_\_\_  
School Attending

## Parent Information

\_\_\_\_\_  
Father's Name Mother's Name

\_\_\_\_\_  
Father's Street Address Mother's Street Address

\_\_\_\_\_  
City, State, Zip Code City, State, Zip Code

\_\_\_\_\_  
Phone Number Phone Number

\_\_\_\_\_  
E-mail Address E-mail Address

\_\_\_\_\_  
Father's Employer/Position Mother's Employer/Position

## 1 Scholarship Amount Requested -

Annual Fees(From Reg packet): \_\_\_\_\_  
Minimum Family Contribution: \$125  
Amount Requested: \$ \_\_\_\_\_  
Uniform Requested? \_\_\_\_\_

## 2 Any information related to your situation that may help us in making our decision?

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## 3 Has this player and any of the player's siblings participated in WCSC prior to this season? If, so, please describe.

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## 4 Has this player or sibling previously received scholarship aid from WCSC and if so, when and how much?

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## 5 Which two volunteer activities would you be willing to participate in (2-3 hours each)?

- ☐ Field Lining – Fall
- ☐ Rec Program Check In - Fall
- ☐ Field Lining – Spring
- ☐ Rec Program Check In - Spring
- ☐ Try Out Check In – Spring

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Parent Signature

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Date

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Office Use Only

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Date Submitted

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Date Approved

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Amount

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Approved