

Millennium Futbol Club Scholarship Application

Player Name	
Age Group (i.e. U10, U12)	
Parent/Guardian Name(s)	
Parent/Guardian Address	
Parent/Guardian Phone	
Parent/Guardian Email	
Will you be able to volunteer some time to help with club activities?	
Which season and year are you requesting assistance (fall 20xx or spring 20xx)?	
Please indicate any facts regarding financial need/hardship to be considered by the Scholarship Committee.	
Signature(s)	
Millennium Futbol Club Board Use Only	
Date Scholarship Request Received	
Date Scholarship Request Reviewed	
Approved or Denied?	
Date Scholarship Recipient Notified	
Date Board Treasurer Notified	
Date Scholarship Funds Applied to Account	

Submit the completed scholarship application to the head coach or team manager for consideration