

SAPULPA SOCCER CLUB

SCHOLARSHIP APPLICATION FORM

The Board of Trustees will approve or disapprove this application prior to team formation. If your application is not approved, you will be informed. All information on this application will be reviewed by the Board of Trustees and will be kept strictly confidential.

One application required per child

SEASON _____	Application Date: _____
Player Name: _____	Birth Date: _____
Guardian Name: _____	Phone: _____
Address: _____	Email: _____

QUESTIONS: Please answer YES, NO, or N/A (Not Applicable) to each.

- _____ 1. This is the first time I have requested a scholarship
- _____ 2. I will have more than one child playing soccer for the SSC this season
- _____ 3. I can pay for one or more children, but would like a scholarship for additional children
- _____ 4. I can pay the full registration fee, but need to wait until _____ to pay.
(date)
- _____ 5. I wish to receive a partial scholarship and pay the reduced registration fee of \$25.00 per child.

If this application is granted, the Sapulpa Soccer Club requests that you assist the club by volunteering your time. Please contact us via Facebook or a board member in person and let us know you wish to volunteer as needed.

Sign: _____ Print: _____ Date: _____

APPROVED	Yes _____	No _____	(Board Use Only)
_____	_____	_____	_____
Signature	Print	Date	