



Freeland Soccer Club Scholarship Application

Please type or print your answers.

1.	Player Last Name:	Player First Name:
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Name & address of parent(s) or legal guardian(s): Name(s): _____ Email Address: _____ Telephone Number: (____) _____	
4.	Parent volunteer opportunities if needed: <input type="radio"/> Coach <input type="radio"/> Assistant Coach <input type="radio"/> Referee <input type="radio"/> Board Member <input type="radio"/> Grounds Work/Cleaning	
5.	How many seasons played with the Freeland Soccer Club? _____	
6.	Does your child participate in our Recreational League or Travel? _____	
7.	Please list additional information regarding debts, non-taxable income or any other factors attributing to concerns covering the registration costs: _____ _____ _____	
8.	What would this scholarship mean to you? _____ _____ _____	
	Parent or guardian signature: _____ Date: _____	

****You must supply a copy of page 1 & 2 from your most recent U.S. 1040 Tax Return. Please Blackout Social Security Numbers.**

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