

# Williamsburg Soccer Club, Inc.

P.O. Box 296  
Williamsburg, Virginia 23187  
(757) 220-3794

## Scholarship Application

The Williamsburg Soccer Club has appropriated monies for those current or potential players who for various reasons are unable to pay all or a portion of their team fees. It is the aim of our Club to see that anyone having the skills and desire to participate in select soccer be allowed to do so. However, our resources are limited. A Scholarship Committee has been established to review and determine need, based on the information supplied in this application. Please complete fully this form and return it to your team manager or coach, who will forward the application to the Scholarship Committee for a decision. If additional information is needed, a member of the Scholarship Committee will contact you.

Parent Name(s): \_\_\_\_\_

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Soccer Team That You Play For: \_\_\_\_\_

Seasonal year you are Requesting Assistance (i.e. 2004/05): \_\_\_\_\_

Player's Birth Date: \_\_\_\_\_

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

What is the fee for your team this season? \$ \_\_\_\_\_

What portion, if any, of this fee are you able to pay? \$ \_\_\_\_\_

Amount of assistance you are requesting: \$ \_\_\_\_\_

Do you have other family members currently participating in the Williamsburg Soccer Club?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If so, list names and teams: \_\_\_\_\_

Explain why you need assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By my signature, our family agrees to provide at least an additional five (5) hours of volunteer time for club activities as consideration for any financial assistance provided.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only

Scholarship Committee Signatures: \_\_\_\_\_; \_\_\_\_\_

Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_