



## SCHOLARSHIP APPLICATION

### Player Information

First Name	Last Name	
Team	Coach	
Address	City	Zipcode
Phone	email	

### Parent/Guardian Information

Name	Relationship to player	
Address	City	Zipcode
Phone	email	

Player lives with: (Parents, Mother, Father, Other?)

Please provide a brief description to support your scholarship request:

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Scholarships include reduced fees for two indoor sessions and two tournaments.  
We ask that the registration fee be paid on registration night.

Please provide a proposed fee (what you can pay) and a schedule of payments:

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**Please return this form to your team coach or email to [albansoccerclub.registrar@gmail.com](mailto:albansoccerclub.registrar@gmail.com)**