

APPLICATION FOR PLAYER SCHOLARSHIP

PLAYER INFORMATION

Name (Last, First):		Date:	
School:	Birth Date:	Age:	Sex:
Parents Names:			
Home Address:		Phone:	
City:	State:	Zip:	
Lives with: Father:	Mother:	Both Parents at Home:	
Address of non-custody parent (if applicable):		Phone:	
City:	State:	Zip:	

PARENTS EMPLOYMENT

Father's Employer:	Phone:	
City:	State:	Zip:
Title/Duties:		
Mother's Employer:	Phone:	
City:	State:	Zip:
Title/Duties:		

REASON FOR SCHOLARSHIP (ATTACH A SEPARATE SHEET IF NECESSARY)

Father's Signature

Mother's Signature

PLEASE ATTACH AN APPLICATION FEE OF 10% OF THE REGISTRATION FEE, COPY OF LAST YEAR'S W-2'S, AND A COPY OF LAST YEAR'S 1040. IF SCHOLARSHIP IS DENIED FULL FEES MUST BE RECEIVED IN ORDER TO REGISTER PLAYER. IF FULL SCHOLARSHIP IS GRANTED, APPLICATION FEE WILL BE CREDITED TOWARDS KIRKWOOD SOCCER CLUB TO OFFSET THE COST OF THE AWARDED SCHOLARSHIP.