



Red River Soccer Club

Player Scholarship Application

Player Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Grade and Age: _____

Person Completing Form: _____ Relationship to Player: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please describe your need for a scholarship _____

Please circle the applicable session

Premier	Competitive	Pre-Kindergarten	
Fall Recreational	Winter (Indoor) Rec	Spring Recreational	Summer Recreational
Fall Academy	Winter Academy	Spring Academy	Summer Academy

I understand the scholarship is based on the availability of funds. Full and partial awards are at the discretion of the Club. In consideration of a scholarship to the player, I agree to participate as a volunteer for the Red River Soccer Club. (The number of hours required will be one hour per \$20 awarded)

Signature of parent or guardian

Date

Office Use Only:

Dollar Amount Approved \$ _____

Request Rejected _____

Red River Soccer Club President

Date