

White Clay Soccer Club Need Based Scholarship Application Form

Player Information

Last name First Name M.I.

Street Address City State Zip Code

Phone # Team Name Gender Team Age

School Attending

Parent Information

Father's Name

Mother's Name

Father's Street Address

Mother's Street Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

E-mail Address

E-mail Address

Father's Employer/Position

Mother's Employer/Position

1 Scholarship Amount Requested -

Annual Fees: \$625
Minimum Family Contribution: \$125
Amount Requested: \$ _____
Uniform Requested? _____

2 Any information related to your situation that may help us in making our decision?

3 Has this player and any of the player's siblings participated in WCSC prior to this season? If, so, please describe.

4 Has this player or sibling previously received scholarship aid from WCSC and if so, when and how much?

5 Which two volunteer activities would you be willing to participate in (2-3 hours each)?

- ☐ Field Lining – Fall
- ☐ Rec Program Check In - Fall
- ☐ Chicken Dinner Fundraiser – Fall
- ☐ Beef & Beer Fundraiser – Winter
- ☐ Field Lining – Spring
- ☐ Rec Program Check In - Spring
- ☐ Annual ID Day Check In – Spring
- ☐ Try Out Check In – Spring

Parent Signature

Date

Office Use Only

Date Submitted

Date Approved

Amount

Approved