

## Corvallis Soccer Club Scholarship Application

Player Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Team Name or Age Group \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

The following information is required to assist the CSC Scholarship Committee in determining eligibility. This information will be held in confidence, will not be disclosed to anyone except the CSC scholarship committee and will be used only for the purpose of determining eligibility for CSC scholarships.

- Does your family use free or reduced school lunch program? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- Briefly explain why you need a CSC scholarship. Please include any extenuating circumstances.
  
- Amount Requested (25%-50%): \_\_\_\_\_  
Note: If you qualify for reduced price meals, you are eligible for a 25% scholarship, and if you qualify for free meals, you are eligible for a 50% scholarship.
  
- Household members and monthly income - list all people living in your home who have an income  
Name \_\_\_\_\_ Salary and wages \_\_\_\_\_  
Name \_\_\_\_\_ Salary and wages \_\_\_\_\_  
Number of members in household \_\_\_\_\_

**Must attach ONE of the following documents 1) school lunch program qualification letter OR 2) federal income tax return (first page only).**

**Application, required documentation and \$100 deposit are due at the team formation meeting following tryouts.**

Email or send application and documentation to: Brandy Cervantes, 4736 NW Veronica Pl, Corvallis, OR 97330 or admin@corvallisoccerclub.org.

Parent/Guardian: I certify that all information provided is true and correct. I understand that this information is being given for the receipt of scholarship funds and that Corvallis Soccer Club may verify the information on the application and that deliberate misrepresentation of the information may result in the withdrawal of any scholarship funds. I further understand that the granting of scholarships is at the sole discretion of the CSC Board of Directors and scholarship coordinator, and will accept their decision as final.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_