

Stanwood Camano Youth Soccer Club

PO Box 815, Stanwood, WA 98292

<http://scysc.com>

info@scysc.com

Scholarship Application

Please Note:

- Scholarship Applications must be postmarked by July 1 to be considered.
- Please register your child online and mark the payment method as check.

Players Name: _____ Birthdate: _____ Gender: M / F

Parents Name: _____

Address: _____

Phone Number: _____

Program the child will be participating in: Micro (U6-U8) | Recreational (U9 and older)

Martial status: single mom | single dad | married | divorced

Income: 0—10,000 | 10,000—15,000 | 15,000—20,000 | 20,000—25,000 | 25,000 +

Is your child on reduced lunch program at school? Yes | No

Would you be willing to have the SCYSC Board verify this statement? Yes | No

Number of children in your home at least 9 months of the year. _____

Would you be able to pay partial sign-up fees? Yes / How much? _____ | No

Are you applying for more than 1 scholarship for soccer? Yes | No (1 form per child)

Reason for Request : _____

I verify the above statements to be true and correct.

Parent Signature _____ Date: _____

Please mail the completed form to: SCYSC, PO Box 815, Stanwood, WA 98292

You will be informed of a decision by July 10th via mail.