

STANWOOD CAMANO YOUTH SOCCER CLUB

PO Box 815, Stanwood, WA 98292

www.scysc.com

Scholarship Application

Please Note:

- Scholarship Applications must be postmarked by July 1st to be considered
- Scholarships are awarded on a “first come, first serve” basis
- Scholarship Applications must be mailed into our PO Box
 - Requests will not be considered via EMAILS, PHONE CALLS OR through SOCIAL MEDIA
- All scholarships will be presented to the Board for approval
 - You will be notified by the 2nd Tuesday of July
- Scholarship Applications must be accompanied by a payment for:
 - \$45.00 for a Rec Player (birth years of 2008 and older)
 - \$40.00 for a Micro Player (2009-2012)

Players Name: _____

Gender M / F

Players Birth Date: _____

Parents Name: _____

Address: _____

Phone Number: _____

Program the Player will be participating in: Micro (U5-U8) / Recreational (U9 and above)

Income: \$0-\$10,000 / \$10,001-\$15,000 / \$15,001-\$20,000 / \$20,001-\$25,000 / \$25,001 +

Is your player on a 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. _____

Are you applying for more than 1 scholarship for this soccer season? YES / NO

(1 application per player)

Reason for the Request: _____

I verify the above statements are to be true and correct.

Parent Signature: _____ Date: _____

Please mail the complete application to: SCYSC, PO Box 815, Stanwood, WA 98292

You will be informed of a decision by July 15th vial mail.