



SCHOLARSHIP REQUEST

Player Name: _____ Age: _____ DOB: _____

Address _____ City: _____, FL

Phone Number: _____ Email: _____

Team Assigned (Please circle one)	Boy / Girl	Red / Blue
U9 U10 U11 U12 U13 U14 U15 U16 U17 U18		

Please initial that you have read and understand the following requirements.

____ Registration amount of \$120 must be paid prior to scholarship requests being accepted. Uniform payment is not part of the scholarship program and must be paid separately.

____ I understand I am responsible for any part of the fee not granted under the scholarship program, and that the maximum amount that could be granted is 1/2 of the dues for both the Fall and Spring season.

____ I understand that if I fail to maintain my account in good standing that the individual player named above may have their player pass pulled and will not be eligible to participate in practice or game play until the account is in good standing.

____ I understand that I am required (or the player) to complete a total of 20 hours of volunteer time to the Club with at least 10 hours to be completed in the fall and the remainder in the spring. If the hours are not completed the scholarship will be revoked and the member will be required to pay their fees in full.

____ I understand that submission of this form does not guarantee the player will be granted a scholarship and that I will be notified in writing by the end of September for the Fall season and end of February for the Spring season as to the status of the scholarship request.

I am requesting \$ _____ be awarded in scholarship funds. I will pay \$ _____ monthly from August 1 _____ until May 1 _____ ; the remainder of the fees.

Person requesting scholarship: _____
Print Name

_____ Date _____