

Aptos Soccer Club
P.O. Box 1325
Aptos, CA 95001
(831)688-8501x01
www.aptosoccer.org

SCHOLARSHIP REQUEST FORM

PLEASE READ FIRST: We have a limited number of scholarships available. In order to be considered for a scholarship, you must complete all of the information below. If any information is incomplete or missing, your application will be denied. Your scholarship application will be reviewed by the Aptos Soccer Club Board at the next monthly meeting and we will notify you of the Board's decision. All information is kept confidential.

Number of players that you are applying for _____

Name of player(s) _____

Name of parent or guardian _____

Address _____ City _____

Home Phone _____ Cell Phone _____

Occupation of Father _____ Total Monthly Salary _____

Occupation of Mother _____ Total Monthly Salary _____

I am requesting assistance for the following reasons: Check all that apply.

_____ Limited Income _____ Loss of Job _____ Medical Bills

_____ Recent Divorce _____ Disabled _____ Other (Please Explain _____

Please include any information that would help us understand your situation:

Do you own your home? _____ How much is your house payment? _____

What is your combined total monthly income **including** child support? _____

Number of children that you are financially responsible for? _____

I certify that the information contained on this report is correct to the best of my knowledge.

Signed: _____ Date: _____