



Scholarship Application

To apply for a scholarship from the LV Magic Soccer Club, please complete this form in its entirety, and submit to either the current club president or treasurer. The information in this form will be treated as confidential. Applications must be submitted for each season as they do not carry over from season to season (there are 2 seasons per year, spring and fall). If you have any questions please contact either the club president or treasurer.

Player Information:

Name of Player: _____
Birth Date: _____
School & Grade: _____
Team (i.e. U12B): _____
Seasons with a Magic team: _____

List any and or all activities / sports the child is currently participating in, or will be participating in during the course of the season.

Will any of the above extracurricular activities impact the player's ability to make all practices and games? _____ If yes please explain.

Are you currently receiving financial assistance / scholarships for any of the above activities?

Parent / Guardian Information:

Name: _____

Address: _____

City _____ State _____

Phone: Home _____ Work _____

Scholarship being requested: Full _____ Partial \$ _____

List any past or present positions you have held within the club (i.e. coach, team manager, etc.)

If your child is chosen to receive a scholarship are you willing to insure that the player will be at games and practices? _____

If your child is chosen to receive a scholarship would you be willing to volunteer to help the club in some capacity? _____

Please explain your need for LV Magic Scholarship for the player:

Signature: _____ Date: _____