

Baystars FC Scholarship Request Form

All information received will be kept confidential

Player's Name: _____

Team Name: _____

Parent's/Legal Guardian's Name: _____

Address: _____

Telephone Number: _____ Marital Status: _____

Employer: _____ Full Time [] Part Time []

Spouses Employer: _____ Full Time [] Part Time []

Annual Gross Income: 10K of less [] 10K - 20K [] 20K - 30K [] 30K or more []
(Combined income is applicable)

Number of Children: _____

Number of Children playing in Baystars: _____

Reason requesting
assistance: _____

Scholarship Requested for: Soccer Camp [] Seasons Fees []

What portion, if any, of this fee are you able to pay? \$ _____

Amount of assistance you are requesting: \$ _____

Applicant's Signature: _____ Date: _____

For Office Use Only

Request Accepted by: _____ Date: _____

Request Approved: _____ Denied: _____ Amount: \$ _____

Authorized By: _____ Date: _____

Comments: