

**Bloomington United Scholarship Application**

Soccer Program	Check One	Year (put in year)
Traveling Spring Summer	_____	_____
Traveling Fall	_____	_____
Kickers	_____	_____

Financial aid requested: \$ \_\_\_\_\_ Payment Plan (circle): Yes / No

How many children do you have in the BYSC Traveling soccer programs? \_\_\_\_\_

How many children do you have in the BYSC Kickers Program? \_\_\_\_\_

Please provide the names of each child or children for whom aid is being applied. If more than one child please complete one application per child. Please include names of all children on each application.

Players name and age group \_\_\_\_\_

Current grade (of child) and school attended. \_\_\_\_\_

Second child if necessary; \_\_\_\_\_

Mother's Name first and last: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Father's Name First and Last: \_\_\_\_\_

Home address:  
(if different) \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Please provide a brief explanation of why you would like to be considered for a scholarship: (if you have any supporting documentation please provide copies)

