

Player's Date of Birth:

Applicant's Phone:

Applicant's E-Mail:

program.

Name:

season for WSC.

Applicant's Mailing Address:

scholarship in the space provided below.

amount to the costs of the program.

Westbrook Soccer Club tion

h, 2020

to the

SOCCER	Scholarship Applica APPLICATIONS DUE BY JULY 15th
I. Applicant Information:	
Applicant's Name:	
Player's Name:	

II. Basis for Scholarship Request: Please explain the basis of your request for a

III. Partial Payment Option: Due to our policy that WSC players keep the uniforms, we ask if the family is willing to cover the cost of the applicant's uniform (\$40). To help cover the cost of referees, equipment, etc. WSC would also appreciate any additional contributions. Please complete the statement below if you are able to contribute any

IV. Applicant's Signature: By signing this, you and your child agree to play the entire

Date:

I am unable to pay the full amount for this program, but I can contribute \$