

Winchester Youth Soccer League

P.O. Box 4122
Winchester, KY 40392-4122

SCHOLARSHIP APPLICATION

Season: Spring/Fall Year _____

This application is used strictly to assist in determining need. No guarantee of assistance is associated with the completion of this application. All applications will be reviewed on an individual basis without regard to age, sex, or race. **All information and actions relating to this application will be confidential.**

1. PLAYER INFORMATION

Name	
Team Name (if returning player)	
Address	
E-mail address	
Phone Number	

2. GUARDIAN INFORMATION

	GUARDIAN #1	GUARDIAN #2
Name		
Address (if different from player)		
Place of Employment		
Home Phone		
Work Phone		
E-mail Address		
Monthly Gross Income		

3. Other financial assistance currently received (check all that apply):

Welfare	<input type="checkbox"/>	Lunch Program	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Health	<input type="checkbox"/>
Other (explain)							

4. Winchester Youth Soccer League assistance required (please check one):

50%	<input type="checkbox"/>
100%	<input type="checkbox"/>

Please note that scholarships do not cover uniform costs.

Signed: _____ Date: _____

This form may be returned to you and no assistance will be granted if sufficient information is not provided. Additional supporting information may also be requested (e.g., tax return).