

Scholarship Application Fall 2010



Deadline
***June 15, 2010**

Please mail this form along with your **REGISTRATION FORM**, **50% PAYMENT** and **"THANK YOU" NOTE** to:

Carbondale Soccer Club, P.O. Box 222, Carbondale, CO 81623

The Carbondale Soccer Club offers partial scholarships to help players participate in our program. These scholarships have been provided through the generosity of community members and businesses. Maximum scholarship granted will be 50% of the registration fee (not including uniform).
Scholarship are considered on a first come, first serve basis. INCOMPLETE APPLICATIONS WILL BE RETURNED

PLAYERS MUST SUBMIT*:

- _____ Completed Scholarship Application
- _____ Partial Payment** (Refer to chart at right)
- _____ A "Thank You" Note to Sponsors
- _____ Completed Registration Form

* Must be received by **JUNE 15, 2010** to be eligible for scholarship consideration

** Partial payment schedule can be arranged with the registrar. Please call 704-1838 for assistance BEFORE the deadline.

Please check the level that applies:

	Please check the level that applies:	PARTIAL PAYMENT **		
		Adjusted Fee	Uniform	Amount Due
	U6 Kindergarten (Birthdate 8/1/04 to 7/31/06)	\$35.00	\$0.00	\$35.00
	U8 Grades 1 & 2 (Birthdate 8/1/02 to 7/31/04)	\$35.00	\$0.00	\$35.00
	U10 Grades 3 & 4 (Birthdate 8/1/00 to 7/31/02)	\$62.50	\$30.00	\$92.50
	U12 Grades 5 & 6 (Birthdate 8/1/98 to 7/31/00)	\$80.00	\$30.00	\$110.00
	U14 Grades 7 & 8 (Birthdate 8/1/96 to 7/31/98)	\$80.00	\$30.00	\$110.00
	U16/U18 Grades 9 – 12 (Birthdate 8/1/92 to 7/31/96)			\$122.50

SCHOLARSHIP DOES NOT INCLUDE UNIFORM FEE

**Carbondale Soccer club asks for your help in appreciation of scholarship assistance...
Please complete the volunteer section of the registration form!**

PLAYER'S LAST NAME _____ PLAYER'S FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW LONG AT THIS ADDRESS? _____ ARE YOU A SINGLE PARENT? _____

MOTHER'S NAME _____ PHONE (H) _____ (W or CELL) _____

FATHER'S NAME _____ PHONE (H) _____ (W or CELL) _____

List all the dependents in your household, and put a check by the dependent's name applying for a scholarship.

- Name: _____ Age: _____
- Name: _____ Age: _____
- Name: _____ Age: _____
- Name: _____ Age: _____

Number of dependents (don't include yourself or spouse) _____

Reason for scholarship request:

In providing the above information, applicant declares the above to be voluntarily furnished. Applicant(s) hereby grant the Carbondale Soccer Club the right to request additional verification through person's and/or entities disclosed and/or herein disclosed. Applicant(s) declares that the above information is true and accurate.

Signature _____ Date _____