

ALBANY SOCCER CLUB
SCHOLARSHIP APPLICATION

PLAYER NAME: _____

Team: _____ Coach: _____

PLAYER ADDRESS: _____

PLAYER TELEPHONE NO: _____

PARENT NAME: _____

PARENT ADDRESS: _____

PARENT TELEPHONE NO: _____

PARENT EMAIL ADDRESS: _____

Player is eligible for:

() reduced school breakfast/lunch or () free school Breakfast/lunch

Please provide any additional information to support the scholarship request:

Scholarships include reduced registration fee as well as reduced fees for two indoor sessions and two tournaments.

Describe Payment schedule requested:

Return to team coach or Anna Mattei, Scholarship Coordinator, Albany Soccer Club

44 Barrows Street
Albany, NY 12209

For office use---Down payment received at registration: \$_____