

# ALBANY SOCCER CLUB SCHOLARSHIP APPLICATION

PLAYER NAME: \_\_\_\_\_

team \_\_\_\_\_ Coach \_\_\_\_\_

PLAYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_ zip code \_\_\_\_\_

PLAYER TELEPHONE NO: \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_

PARENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ zip code \_\_\_\_\_

PARENT TELEPHONE NO. \_\_\_\_\_

Player is eligible for:

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

Please provide any additional information to support the scholarship request:

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

A portion of the registration fee to be paid on registration night is \$ \_\_\_\_\_

Payment schedule requested as follows: \_\_\_\_\_

Return to team coach or Larry Smith, President

Albany Soccer Club  
7 Meadow Lane  
Albany, NY 12208