



Baystars FC Scholarship Request Form

All information received will be kept confidential

Player(s) Name: Click or tap here to enter text.

Team Name: Click or tap here to enter text.

Parent(s)/Legal Guardian(s) Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. **Marital Status:** Click or tap here to enter text.

Employer: Click or tap here to enter text. **Full Time** **Part Time**

Spouses Employer: Click or tap here to enter text. **Full Time** **Part Time**

Annual Household Gross Income: 30k or less 30-45k 45-60k 60k+

Number of Children: Click or tap here to enter text.

Number Children Playing Baystars: Click or tap here to enter text.

Reason Requesting Assistance: Click or tap here to enter text.

Amount of assistance being requested: \$ Click or tap here to enter text.

All scholarship applications must be submitted 45 days prior to the start of the first league game for either the Fall or Spring season. All players will be responsible for the purchase of their uniform. No later than 30 days before the first league game the applicant will be informed of the result and amount awarded. The application should be submitted to either the team manager, Club Administrator or Club Treasurer.

Applicant's Signature: Click or tap here to enter text. **Date:** Click or tap to enter a date.

FOR CLUB USE ONLY

Request Received By: Click or tap here to enter text. **Received Date:** Click or tap to enter a date.

Request Reviewed By: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Request: Approved **Denied** **Amount Approved:** \$Click or tap here to enter text.

Comments: Click or tap here to enter text.

Treasurer's Signature: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Written By	Review Date	Reviewed By	Board Approved Date
Field Shepherd	9/5/18	Melissa Shepherd, Mary Updike, Brooke Wilson	9/11/18