

Camas/Washougal Soccer Club Scholarship Application

Please complete and print the following application and mail it to:

CWSC Scholarship Application

PO Box 981

Camas, WA 98607

The application must be postmarked no later than June 30th.

Please complete one form per player.

All information provided will remain confidential.

_____ New Player _____ Returning Player

Player: _____ Birth Date: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Household Income (annual): \$ _____ Total Family Members: _____

Circle assistance the player's family receives:

Subsidized Housing

Food Stamps

Free/Reduced School Lunches

Medical Assistance

Please provide a brief statement of the circumstances that make it difficult to pay the club registration fee and what, if any, you can pay towards the amount due:

Preferred Volunteer Opportunities:

Please read and sign:

By signing this document, I acknowledge that all statements and information provided in this application are true and accurate. I acknowledge that I will perform the required amount of volunteer hours based on the amount of my grant and if I do not, I understand that I will not qualify for any additional scholarships with CWSC.

Signature of Applicant: _____ Date: _____

Club use only:

Amount of Scholarship Awarded: _____ Volunteer Hrs Completed: _____