



**SCHOLARSHIP APPLICATION FORM  
2008 / 2009**

**Must be Printed or Typed**

Applicants Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age/Team: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age/Team: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age/Team: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) : \_\_\_\_\_ (Alt 1) \_\_\_\_\_ (Alt 2) \_\_\_\_\_

Any other dependant children: YES  NO  If yes, how many: \_\_\_\_\_

**Circle Season(s) that Apply                      Year**

Fall Season                      Spring Season                      2008    2009

Have you received financial support from Bedford United Soccer Club in the past?  
YES  NO

If yes, when and how much? \_\_\_\_\_

Please list any financial concerns that can be taken into consideration regarding this application:

---

---

---

---

---

---

---

**Personal Data**

Name of Father: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) : \_\_\_\_\_ (Alt 1) \_\_\_\_\_ (Alt 2) \_\_\_\_\_

Employer: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Marital Status: SINGLE  MARRIED  DIVORCED  SEPERATED

Name of Mother: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) : \_\_\_\_\_ (Alt 1) \_\_\_\_\_ (Alt 2) \_\_\_\_\_

Employer: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Marital Status: SINGLE  MARRIED  DIVORCED  SEPERATED

Guardian(s) Name: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) : \_\_\_\_\_ (Alt 1) \_\_\_\_\_ (Alt 2) \_\_\_\_\_

Employer: \_\_\_\_\_

Annual Income: \_\_\_\_\_

How much financial assistance are you requesting? \_\_\_\_\_

*I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.*

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All information submitted and any scholarship granted will be kept strictly confidential by the Bedford United Soccer Club Executive Board. Any false statements in this application may result in disqualification from receiving scholarship funds/**

**Applications submitted must be received by Friday, July 11, 2008. Applicants will be notified by phone or email within two (2) weeks after applications are received.**

Please submit this form by mail to:

Bedford United Soccer Club  
C/O Scholarship Committee  
P.O. Box 176  
Temperance, MI 48182

**OFFICE USE ONLY**

**Amount of Scholarship Awarded** \_\_\_\_\_

**Date Awarded** \_\_\_\_\_

**Reason Denied** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Scholarship Committee**

**Kim Dulbs** \_\_\_\_\_

**Dennis Kolar** \_\_\_\_\_