Brunswick Soccer League Travel Program
Scholarship Application

Name of applicant: _____DOB: _____ Travel team level: _____
Parent/guardian name: _____
Address: _____
Contact phone: _____Contact email: _____

Reason for wanting to play travel soccer:

_____

_____

Amount requesting: $_____ Reason for requesting scholarship: _____

_____

_____

Recipients of scholarship funds and their parent/guardian understands this is a "give-back" program in which the recipient willingly "gives back" to the Brunswick Soccer League through service. This promotes engagement of soccer players with the league, develops character, and increases the league's ability to provide scholarship monies.

Please indicate areas willing to help in:

___ Lining the fields
___ Refereeing
___ Club projects/cleaning/painting/maintenance
___ Working the concession stand
___ Helping at fall/spring cleanup days
___ Team mentoring (provides technical support to a team under guidance of a coach over 18)
___ Help with administration of referee program (requires prior club participation)
___ Other (please describe your skills/idea): _____

_____

Number of hours of give-back time will be part of scholarship offer. U8/U10/U12 recipients must be accompanied by a parent or guardian while giving back.

Acceptance of award indicates agreement to give-back for the number of hours on award offer. Applicant/parent understands failure to complete give-back/service hours will disqualify the applicant from receiving the scholarship credit, resulting in responsibility for full program cost.

_____
Applicant signature/date

_____
Parent/guardian signature/date

Please print this form. Give the completed form to a board member, email it to brunswicksoccerregistrar@gmail.com, or mail it to: Brunswick Soccer Club, 3975 NY-2, Troy, NY 12180.

Scholarships will be discussed by the board and recipients notified monthly. Application deadline is January 15th.