

**PLAYER'S FULL NAME\***

First Name

Last Name

**BIRTH DATE\***

Month

Day

Year

**PARENT/GUARDIAN 1 INFORMATION\***

First Name

Last Name

**RELATIONSHIP TO PLAYER\***

**PARENT/GUARDIAN EMAIL\***

**CELL PHONE\***

**HOME PHONE/ALTERNATE\***

**WORK PHONE\***

**ADDRESS\***

City

State

Zip

**EMPLOYER\***

**OCCUPATION\***

**PARENT/GUARDIAN 2 INFORMATION\***

First Name

Last Name

**RELATIONSHIP TO PLAYER\***

**PARENT/GUARDIAN EMAIL\***

**CELL PHONE\***

**HOME PHONE/ALTERNATE\***

**WORK PHONE\***

**ADDRESS\***

City

State

Zip

**EMPLOYER\***

**OCCUPATION\***

We are very interested in learning how the financial aid program helps young people. Please describe how your child will be impacted by participating in this program. This description can include information about how previous sports experiences have affected your child or how you anticipate this program will affect them - or something new! Just let us know why this program and this Financial Aid is important to your child and family.\*

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**Financial Need**

You are requesting a scholarship based on financial need. Please briefly describe your circumstances:

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Number of dependents in household. Please include both children and legal adult dependents.\*

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Please email completed application to [Scholarshipcommittee@Pelhamtravelsoccer.com](mailto:Scholarshipcommittee@Pelhamtravelsoccer.com). The Pelham Travel Soccer Scholarship Committee will review all applications and be in touch. All requests will be kept confidential.