

## **Red Arrow Scholarship Application**

Please complete a separate form for each player for which you are requesting financial assistance.

Player Name		DOB	_ DOB	
Address		City	State	
Zip Code	Phone Number	Gender		
	and to the address of			
`	sent to this address)			
Team Name/Divisio	n/Coach:			
Scholarship Amount (NOTE: Standard Sch	t Requested \$holarship of 50% of fees will be considered unles	ss specified amount)		
If Concern for Further	r Expenses, Identify here:			
• .	sted information will only be used by the Red based financial assistance.	Arrow Scholarship/Financial A	Aid Committee to determine player	
1.a.: Attach proof the Lunch Program) ber OR	at family/player is eligible for federal (e.g.: WInefits.	C, SSI) or state (e.g.: local Sc	hool District's Free or Reduced	
1.b. Explain why (ex	ktraordinary expenses, change in income, etc year's W-2(s). We will be having two other cl			
2. Tell us how many	Red Arrow soccer players you have in your	household:		
that receiving finance club events as need application. Delibera	e above information is true and correct, and to ial assistance is a privilege and pledge to have led. I give permission to Club Officials to verifulate misrepresentation, inaccuracies, and/or in Club and full and immediate payment of all feature.	ve my child at all team activitie y, as necessary, any informati complete information provided	es, and will volunteer my assistance a ion contained on or provided with this	
Signature Name (ple	ease print) Date 06/18/2020			
Relationship to Play	er			

Mail to Red Arrow Soccer Club, Attn: Treasurer, PO Box 533, Mattawan, MI 49071 or email Send Application 05/31/2020