

**CSC RECREATIONAL PROGRAM
SCHOLARSHIP REQUEST**

DATE _____

List player(s) for whom scholarship(s) is/are being requested:

Number of people in household:

_____Adults

_____Children

Gross Income (please indicate either monthly or yearly)

_____Monthly

_____Yearly

Please give a brief explanation for your request (such as unusual medical expenses, unemployment, etc.):

CSC expects our scholarship recipients and/or parents to please volunteer their time for CSC. *Circle the area(s) you will be able to help with this coming year.*

Coach

Committee Member

CSC Tournament

Assistant Coach

Soccer Swap

Other (Please list) _____

Team Parent

Sponsorship Appreciation Day

Parent/Guardian's Signature _____

Parent/Guardian's Printed Name _____

Phone Number _____

You will be notified as to whether your request for a scholarship is approved. CSC reserves the right to ask for proof of income.

Scholarship forms may be mailed to CSC, PO Box 2774, Cheyenne, WY 82003 or emailed to cheysoccerclub@gmail.com. If you have questions, please leave a message at 635-4625.