CSC COMPETITIVE PROGRAM

Cheyenne Sting Soccer
PO Box 21149
Cheyenne, WY 82003

SCHOLARSHIP REQUEST FORM

Scholarships are usually for half the fee. **Requests are to be mailed by July 1st .**

PLEASE PRINT/TYPE

DATE _____

PLAYER'S NAME _____

AGE LEVEL _____

COACH _____

NUMBER OF PEOPLE IN HOUSEHOLD _____

NUMBER OF CHILDREN PLAYING SOCCER:

Competitive _____

Recreational _____

REASON FOR REQUEST (medical expenses, employment, etc.) If more space is need please attach a separate sheet.

_____

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_____

Print parent's name_____

Phone number_____ **Email** _____

PARENT'S SIGNATURE _____

COACH'S SIGNATURE _____