

# CSC RECREATIONAL PROGRAM SCHOLARSHIP REQUEST

DATE \_\_\_\_\_

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

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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.):

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**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 [cheyennesoccer@bresnan.net](mailto:cheyennesoccer@bresnan.net). If you have questions, please leave a message at 635-4625.*