



# Rochester Soccer Club

## 2018/2019 SOCCER SCHOLARSHIP APPLICATION FORM

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of player \_\_\_\_\_ Age \_\_\_\_\_

Current Team \_\_\_\_\_ Number of years playing soccer \_\_\_\_\_

**Please provide names of coaches for whom your child has played:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list other family members that have previously played for RSC Recreation, Development, or Lightning:**

Name	Age	Program	# of Years
_____	_____	_____	_____
_____	_____	_____	_____

**Please provide a brief explanation why your player should be given priority in receiving a scholarship.**  
For example: *My recent hospitalization has caused an unforeseen financial hardship for our family.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship recipients are required to work 20 volunteer hours (15 volunteer hours for high school scholarships) during the 2018/2019 soccer year. By submitting this application you are agreeing to meet this requirement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed applications can be submitted by  
email: [habell@rscsoccer.org](mailto:habell@rscsoccer.org) fax: 248-650-4851 mail or deliver to our address...

**RSC Scholarship Committee**  
**6481 N. Rochester Rd. Suite 301A**  
**Rochester Hills, MI 48306**

**Forms must be received by Monday, June 11, 2018 at 3:00 PM**

For further information please visit our website at [www.rscsoccer.org](http://www.rscsoccer.org), email [habell@rscsoccer.org](mailto:habell@rscsoccer.org), or phone 248.650.0113.