

Scholarship Form ** Submit to your TEAM MANAGER

PLEASE SELECT SCHOLARSHIP YOU ARE REQUESTING: Paid Coaching Fees Player Registration

OV Toros FC's goal is to grant scholarships to those players who would ordinarily not be able to participate in soccer, due to financial circumstances. When you request a scholarship that you do not truly need it takes that opportunity away from another player who might not be able to participate without this scholarship.

Please provide complete a application, & submit to y				
resubmit your application.	*All information provide	d will be kept confide	ential *	
Player Information				
Full Name:				
Full Address:				
Date of Birth:	Team Name / Gender (Black, Red, White)	:	Coach's Name	e:
Primary Parent/Guardia	n Information			
Full Name:				
Full Address:				
Phone Number:	Email A	Address:		
Occupation:				
Employer Name, Address,	Phone Number:			
Secondary Parent/Guard	ian Information			
Full Name:				
Full Address:				
Phone Number:	Email A	Address:		
Occupation:				
Employer Name, Address,	Phone Number:			
Total Gross Monthly Hous	sehold Income:	Total Number	of Persons in Househo	old:
Explanation of Hardship:				
Has this player received sc	holarships from OV Toros	s FC in the past? Y/N		
List other children that are	playing for OV Toros EC			
Name	Competitive or I		Receiving Scholarship?	• -
				- -
Do you currently volunteer Would you consider organ:			* *	
Applicant represents the a as OV Toros FC, to verify	•	_ :	l hereby authorizes O	VYSL, also known
Parent/Guardian Signature	Date	Coach Signatu	ire	Date
For League Use: Approved D	D enied	Date of approval or denia	l:	