

## SCHOLARSHIP REQUEST FORM

[CONFIDENTIAL]

Player's Name:					
Address:					
E-mail:					
Team:					
Age Group:					
Coach:					
Name of Parent/Guardian:					
List your reasons for applying for a scholarship?					
Number of dependents in the household:					
Are any of the dependent children in the household eligible for free or reduced lunch at school? PLEASE CIRCLE					
Yes No					
Are you currently unemployed?					
Yes No					

Annual Household Income: PLEASE SELECT

- Less than \$25,000
- o **\$25,001-50,000**
- \$50,001-75,000
- o \$75,001-100,000
- Greater than \$100,000

Are any other family members on scholarship at Keystone Athletic? Yes No

Full price of the program your child is participating in:\$\_\_\_\_\_

Desired Scholarship: PLEASE SELECT

- Full Scholarship (specify amount):\$\_\_\_\_\_
- Partial Scholarship (specify amount):\$\_\_\_\_\_\_

Keystone Athletic is happy to provide scholarship support whenever possible. We also rely heavily on volunteers for various activities and duties within the club. Please indicate how you may be able to help the club by selecting from the list below (select all that apply):

- Field Lining/Maintenance
- Trash Collection
- Registration/Data entry
- Club fundraisers
- Website/Computer
- Staffing Snack Stand
- o Tournament staff
- Parking attendance

Other ways you or your player may wish to volunteer:

Your best availability for volunteer activities: PLEASE SELECT

Time:

- o Day
- o Afternoon
- o Evening

Days: Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Season: Spring		Summer		Fall		Winter

*Optional*: Please provide any additional information that may be helpful in determining your eligibility for the requested scholarship.

By signing this form, I certify that this information is true and accurate.

Parent/Guardian Signature:	Date:
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Questions regarding scholarship or to submit your scholarship application contact **scholarship@keystoneathletic.com** 

Fall Scholarship Application Deadline – August 1 Spring Scholarship Application Deadline – February 1