



North Whidbey Soccer Club (NWSC)

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Application for Scholarship ~ Recreational Soccer ~

This is NOT a registration form; registration must be completed online.

Application Deadlines: February 28 (Spring), August 15 (Fall)

NWSC has a limited number of scholarships available for children whose parents/guardians have difficulty paying for the program fees. In order for us to determine eligibility and preserve fairness, we need to ask you for some confidential information. We assure you that all information you provide will be held in strictest confidence.

Directions: Click in the colored box following the request for information and type your answer (use an "x" where appropriate). **PLEASE COMPLETE ALL BOXES.**
Print to mail, or save to your computer to email.

Player's Name:		Birth Date:		Female:		Male:	
Recreational:		Academy:		Spring:		Fall:	
Age Division:		U-					
Reduced Lunch Program at school?		Yes:		No:		Number of siblings playing:	

Parent/Guardian Name:		Single Parent:		Married:	
Mailing Address:		City:		Zip:	
Email Address:		Phone:			
Able to pay partial registration fees?		Yes:		How much?	\$
		No:			
Applying for more than one scholarship?		Yes:		How many?	
		No:			
Please explain why you are applying for this scholarship.					
Signature:		Date:			

Your club is always in need of volunteers. Please indicate areas where you can provide some much-needed support for NWSC. **Approval of this scholarship requires a signed contract in which recipient family agrees to commit 1 hour of volunteer time per \$20 of scholarship monies received.** Volunteer time must be signed off by the Volunteer Coordinator and may be fulfilled by any family member. **Scholarship will not be credited to family's account until volunteer hours have been completed.**

Age Group Liaison:		Coach:		Assistant Coach:		Mentor Coach Program:	
Advertising:		Public Relations:		Opening Day:		Picture Day Coordinator:	
Fields/Gear:		Field Marshall:		Gear Swap:		Fundraising:	
						Special Events:	

Office Use Only							
NWSC Board Approval?	Yes:		No:		Partial:	Scholarship Amount:	\$
Authorized Signature:						Date:	