



VF United Soccer Scholarship Application Form

Date: ___/___/___

APPLICATION DEADLINE: November 1st

Player Name in full (print) _____

Permanent Address: _____

No. and Street. Town State Zip

Telephone: _____ E-mail _____

Age: _____ Gender: M F Date of Birth: ___/___/___

Team _____ Coach _____

Parents or Guardian name _____

Amount Requested _____

Reason for request (describe hardship) _____

Parent or Guardian Signature _____

Board approval/date: Y N ___/___/___ Amount Awarded _____

Print this form and complete. Mail to V/F United Travel Soccer, P.O. Box 487, Victor, N.Y. 14564. Amount awarded is for one year. Please reapply each year the scholarship is desired.

Notes:

1. VF United establishes this scholarship policy as a community minded opportunity to assist families that face a financial or other hardship that may prevent their child or children from participating in the Travel Soccer portion of our Club.
2. Scholarships shall be reviewed and approved by a majority vote of the VF United Board of Directors. The deadline for submission of scholarships is November 1st. The Board of Directors reserves the right to refuse any scholarship applications received after the deadline for submission date.
3. There are a limited number of scholarships available through the club. Preference will be given to applications received for players who reside in the Victor/Farmington area.
4. The VF United Board of Directors may ask that the player or family receiving the scholarship return the benefit of the scholarship by volunteering their services to assist the club in an area to be defined by the Board of Directors supporting the operations of the Club.