



# Scholarship Application

Player:	Date:
Team:	Season: _____ Fall _____ Spring

It is the mission of Thunder Soccer Club (TSC) to provide financial assistance for players in need. An application for scholarship assistance is a certification that the above player will not be able to participate in the program without scholarship assistance due to severe family financial situations. The TSC scholarship committee will review all applications in strict confidence.

It is extremely important that scholarship applications are handled timely. Remember turning in an application does not guarantee approval. Applicants will be notified in a timely manner of the committee's final decision. Applications should be completed in its entirety, signed by all parties and either emailed to the club treasurer at [treasurer@thundersoccerclub.org](mailto:treasurer@thundersoccerclub.org) or mailed to:

**Thunder Soccer Club of Howard County  
ATTN: Scholarship Committee  
P.O. Box 292  
Lisbon, MD 21765-0292**

Applicants that are approved may be asked to volunteer time to TSC in one or several areas such as special events, clinics/academies, fundraising and other areas.

Please list below talents or interest you have that might be useful to the club or team (accounting, fundraising, marketing, web management and design, landscaping, construction, event planning, etc)

### Request for Scholarship

Scholarships that are granted may be distributed in partial fees, which may not cover the entire club fees. Please list the amount that you can afford to pay:

\$ \_\_\_\_\_ of the registration fee

### Parent's Understanding

Filling out a scholarship application does not guarantee that my child will be approved. TSC takes all applications into consideration and will let applicants know their status once a decision is reached. Scholarship dollars will depend on the following:

- Money in reserve for scholarships
- Number of soccer players applying for scholarships
- Financial needs of the family
- Family's commitment to supporting TSC and the soccer players team
- Soccer player's commitment to the TSC and their team

TSC is an equal opportunity organization. It forbids discrimination on the basis of race, religion, sex, nationality, age and health needs.

### Parents Commitment

I understand that if my child receives scholarship dollars that I will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. I will support TSC by participating in fundraisers and club events when ever possible. I will volunteer my time to the team or club when possible and/or when asked.

General Information:		
Player's Name:	Player's Phone:	# of Years playing
Player's Address:		
Player's Email:		
Family Information:		
Mother's Name:	Mother's Phone:	Alternate Phone:
Mother's Address:		
Mother's Email:		
Father's Name:	Father's Phone:	Alternate Phone:
Father's Address:		

Father's Email:		
# of Immediate Family Members:		
Please list other activities or sports you are involved in.		
<b>Name, Age and Team of children playing in TSC:</b>		
NAME	AGE	TEAM

In the space below, please provide a brief explanation of the family financial situation that prompts the scholarship application. (Use the back of this form if additional space is needed.)

We declare that this information is true and that the applicant meets all of the stated scholarship requirements.

Parent/Guardian signature: \_\_\_\_\_

Coach's signature: \_\_\_\_\_

Manager signature: \_\_\_\_\_