

## LYFC PLAYER SCHOLARSHIP APPLICATION

Application Deadline: July 1

[Email to: lindenyouthfc@gmail.com](mailto:lindenyouthfc@gmail.com)

Player Name \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_

Returning Player    YES          NO                                  How many years played \_\_\_\_\_

Sport:    Football          Cheer                          Payer Level:    Jr Novice    Novice    JV    Varsity

Brief reson why you are asking for a player scholarship.

---



---



---



---



---



---

**All scholarship recipients are required to fulfill a minimum of 12 hours of volunteer time at HOME GAMES. A deposit of \$100 will be collected at registration and reimbursed at the end of season if All 12 hours are completed.**

Sign/Date \_\_\_\_\_

**This application is not your registration. You must complete the Online Registration. This form is for scholarship consideration ONLY. Once approved you will be contacted and given a code to enter on your registration payment section.**