



Arizona Soccer Club Thunder Scholarship Application

A separate scholarship application form must be submitted for each player. Application and supporting documentation must be submitted together for consideration.

Player's Name: _____ Player's DOB: _____
 Address: _____
 Parent/Guardian Name: _____
 Email Address: _____ Daytime Phone: _____
 Has the player previously received an AZSC Scholarship? Yes No

of household members Over 18 years of age: _____
 # of household members Under 18 years of age: _____

Family Member	Income from Work	Other Income*
	\$	\$
	\$	\$
	\$	\$
	\$	\$

*Other Income: public assistance, alimony, child support, retirement/pensions, social security, etc.

In order for AZSC to consider you as a possible scholarship recipient please give a brief explanation as to your need for a scholarship:

I/WE understand the rules and requirements of the AZSC Thunder Scholarship Program and submit this application and supporting documents for the sole purpose of review for consideration for a scholarship award. I certify that all information in this application is true and that all income is reported. I understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant Signature

Date

FOR AZSC USE ONLY			
Reviewer:		Date Received:	
Scholarship approved for <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%		Scholarship denied <input type="checkbox"/>	