

# FC LEHIGH, Inc.

FC LEHIGH  
PMB # 270  
3140B TILGHMAN STREET  
ALLENTOWN, PA 18104

## Scholarship Application

FC LEHIGH has the appropriated monies for those current or potential players who for various reasons are unable to pay all or a portion of their club fees. It is the aim of our Club to see that anyone having the skills and desire to participate in select soccer be allowed to do so. However, our resources are limited. A Scholarship Committee has been established to review and determine need, based on information supplied in this application. Please complete fully and send to the address above. If additional information is needed, a member of the Scholarship Committee will contact you.

Parent Name(s): \_\_\_\_\_

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Soccer Team That You Play For: \_\_\_\_\_

Seasonal Year your requesting Assistance (i.e. 2003/2004): \_\_\_\_\_

Player's Birth Date: \_\_\_\_\_

School Attending: \_\_\_\_\_

What portion, if any, are you able to pay? \_\_\_\_\_

Amount assistance you are requesting? \_\_\_\_\_

Do you have other family members currently playing for FC LEHIGH? Yes, \_\_\_\_\_ No, \_\_\_\_\_

If yes, please list name(s) and team(s): \_\_\_\_\_

Explain why you need assistance: \_\_\_\_\_

**By my signature, our family agrees to provide at least 5 additional hours of volunteer time for Club activities as consideration for any financial assistance provided.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office use only:

Scholarship Committee Signatures: \_\_\_\_\_ ; \_\_\_\_\_

Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_