



Locust Valley-Bayville Soccer Club Scholarship Application

Date of application: _____

Player Name: _____ Player Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____ Household Size: _____

LVBSC may not have sufficient funds for all who apply for scholarships. Can you pay any amount towards registration fee, whether in a lump sum or on a monthly basis? _____
If so, how much? _____

Do you qualify for the Free/ Reduced-price meals program through the school district? _____

Is the player registered to play with any other soccer club(s)? _____

If awarded a scholarship, how would you be willing to volunteer in any capacity to LVBSC?

Please explain any circumstances that you believe relates to your scholarship application

The Financial Committee will review your application and determine if you qualify for an award. Please make sure all information is complete and correct. Any personal information that you are required to provide will be kept confidential within the Board of Directors.

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes LVBSC to obtain verification of all the information on this application and to provide additional information as necessary. I certify that all of the information on this form is true and correct. **I understand that my child(ren)'s participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.** I agree to notify LVBSC of any change ability to pay. I am aware that assistance funds are awarded for a maximum of one season, after which time it is my responsibility to reapply.

Parent /Guardian (Print): _____

Parent / Guardian Signature: _____