

Radnor Soccer Club
SCHOLARSHIP APPLICATION

* CONFIDENTIAL *

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Home:

Mobile:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Annual income:

Spouses current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Annual income:

CHILDREN

Name

School

Age

Travel or House

How much Aid: Full or Partial (if partial, what part of fees: training, registration....) *

DESCRIPTION OF NEEDS THAT IMPACT YOUR FAMILY

<please add any additional information you feel important for RSC to consider>

***RSC is a non-profit organization. Any partial contribution(\$20, \$50, etc...) you can make to your scholarship request is appreciated as we have limited resources to support the scholarship needs of our players.**

Signature of applicant

Date:

****Confidential Note:** The information in this application is confidential and used for the sole and exclusive purpose of determining a family's scholarship needs. The information in this application is only reviewed by members of the Scholarship Committee. No other members of the Radnor Soccer Club, or its board, will have access to this information. No information in this application is shared outside of the Radnor Soccer Club.

FOR RSC CLUB USE ONLY

Received Date: _____

Review Date: _____

Approval Date: _____

Amount Approved: \$ _____

Approval: _____
Scholarship Committee Chairman, RSC

Approval: _____
Treasurer, RSC