



Glenwood Springs Soccer Club

PO Box 4 Glenwood Springs, CO 81602 soccer@glenwoodsoccer.org
www.glenwoodsoccer.org 970.945.6091

Scholarship Application

Date: _____

Applicant's Name: _____

Physical Address: _____

Mailing Address: _____

Date of Birth: _____

School: _____

Father's Name: _____

Phone: _____

Mother's Name: _____

Phone: _____

Reason for scholarship request: _____

Amount of scholarship you are requesting? Partial _____ Full _____

Have you requested a scholarship in the past? Yes _____ No _____

Did you receive the scholarship? Yes _____ No _____

Are you willing to volunteer 5-8 hours if requested? Yes _____ No _____

Please supply a reference letter from an unbiased third party and/or a financial document supporting your request.

Please return information by email. This document will be viewed only by GSSC Board members and will be kept strictly confidential among the members of the board.

Received: _____ Approved: \$ _____ Declined: _____

Service Hours Requested: _____