

## DRAGONS SOCCER CLUB SCHOLARSHIP APPLICATION FORM

Player Last Name:  First Name:

Birth Date:  Gender:  Check this box for Male  Check this box for Female Team:

Player St. Address:

City:  Zip Code:

Name Parent/Guardian\_1:

Name Parent/Guardian\_2:

Player & Parent/Guardian Phone:

How many other children in this family, Living in this household, are on Dragons Teams?

Do you want to apply for scholarships for any of these children? Choose Yes or No:  Yes

Please fill out a separate application form for each scholarship request.  No

How many adults and children are supported by your household income?

Choose the total gross income (before taxes) earned by all adults in your household during the last year:

Choose assistance the player's family receives:

*Subsidized housing, food stamps, medical assistance, free school lunch, reduced school lunch, etc..*

How much child support did your household receive last year from a non-custodial parent?

"All statements in this application are true to the best of my knowledge."

(signed)

Signature of person filling out application (signed): \_\_\_\_\_

Please attach at least one of the following as proof of financial need:

Recent Federal Tax Return

Proof of eligibility for school lunch program or other assistance

Current paycheck stub

Justification of need

Dragons Scholarship Committee  
13450 Sunnyview Trails  
San Antonio, Tx. 78253