

LANCASTER SELECT SOCCER ASSOCIATION
Scholarship Application

Player Information		
Last Name:	First Name:	Middle Name:
Gender:	Date of Birth:	Coach:
Parent One Information		
Last Name:	First Name:	Middle:
Home Phone:	Cell Phone:	E-mail:
Employer:	Job Description:	Income:
Parent Two Information		
Last Name:	First Name:	Middle:
Home Phone:	Cell Phone:	E-mail:
Employer:	Job Description:	Income:
Contact Information		
Street Address:		Apt. / Unit:
City:	State:	Zip Code:
Additional Players		
Last Name:	First Name:	Middle Name:
Gender:	Date of Birth:	Coach:
Scholarship Period:	Scholarship Amount:	If partial, identify amount:
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Both	<input type="checkbox"/> Full <input type="checkbox"/> Partial	

Please provide the details/circumstances to support the scholarship request:

By signing below, I represent the statements made in this application are true and accurate. I understand any false statement or violation of the LSSA Scholarship Rules and Regulations may result in the revocation of any scholarship and/or the dismissal from any LSSA team.		
Sign:	Print:	Date: