



Application for Financial Scholarship

Information on this application will be treated with strict confidentiality.

Player Name _____ Team _____

Address _____

City _____ Zip Code _____ Home Phone _____

Mother's Name _____

Address (if not the same as above) _____

Employer _____ Occupation _____

Father's Name _____

Address (if not the same as above) _____

Employer _____ Occupation _____

Single Parent Household? Yes ___ No ___ Family Size (Parents & Children) _____

Do you qualify for or are you currently receiving reduced or free lunch? _____

What scholarship amount are you applying for? _____

How much do you feel you could contribute towards you United Fee? _____

Please explain briefly the reasons or circumstances for applying for financial assistance:

Send Application to:
Oshkosh United Soccer Club/Scholarships
P O Box 2487
Oshkosh, WI 54903