

Bayside Soccer

Scholarship Form

Bayside Soccer is happy to award scholarships to children that might not otherwise be able to participate in our programs. Mail completed form to Bayside Soccer, P.O. Box 82, Escanaba, MI 49829.

Player Name:		Player Date of Birth:	
Street Address:		Parent Phone:	
City:	State:	Zip:	E-mail:
Parent/Guardian Name (s):			

Parent/Guardian: Please write a short paragraph on why financial help is requested.

We would like to partner with your family to assist in time of need. Because Bayside Soccer is a not for profit volunteer organization we need your support in any capacity. Please make a good faith contribution toward your child's fees (identify amount you plan to pay here): \$_____ request above if partial payments are needed. Are you willing to volunteer to help out in the running of our soccer program (yes or no)? _____
No amount of time/talent is too little.

Player: Please write a short paragraph on why you would like to play soccer with Bayside Soccer.
