

Downtown United Soccer Club

Scholarship Application 2016-17



Player's Name: _____

2015-16 Team: _____

School: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____ **Phone:** _____ **Email:** _____

Father's Name: _____ **Phone:** _____ **Email:** _____

Sports Sign Up Account Number: _____ **Order Number:** _____

Is another member of your family playing for DUSC this season? _____

If "Yes", name of player and team: _____

(Your award will be coordinated with DUSC and you will not have to submit duplicate information)

I certify that:

- All information presented to induce this financial assistance award is true, complete and accurate.
- I understand that intentional submission of false or misleading information may be a violation of the law.
- I have read and understand the attached DUSC Scholarship Awards Terms and Conditions,
- If awarded a scholarship, I agree to comply with the attached DUSC Scholarship Awards Terms and Conditions.

Name/signature of legal guardian/parent:

I _____, of (player's name) _____ the undersigned have read, understand and agree to the terms and conditions of this scholarship award.

Player's name/signature:

I _____, have read and understand the terms and conditions of this scholarship award.

Please carefully check that you have included everything requested to process this application. Incomplete applications will not be processed and may therefore result in a player forfeiting their roster spot.

Check List:	YES ✓	No X
Completed & Signed Application Form		
Application Fee of \$250. Total fee for scholarship players is \$500, \$250 application fee and \$250 Feb 1.*		
Latest Tax Return Form 1040		
Other (please describe)		

* Please send \$250 application fee via check or money order to:
 Downtown United Soccer Club
 69 Charlton St. (2nd Floor)
 New York, NY 10014