



To apply for partial or full scholarships please complete this application and submit with documentation, to the scholarship committee at pequotlakesdc@gmail.com

Submitted information will be kept strictly confidential

Players Name: _____

Mailing Address: _____

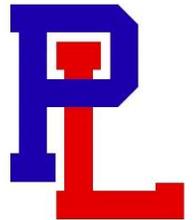
City, State, Zip: _____

Phone: _____

E-mail: _____

Applying for Full _____ or Partial _____ Scholarship

Does applicant participate in another travel/club team Yes ___ or No ___ If yes, what is the sport _____ Paid in full _____ Scholarship _____



By signing this document, you agree to have read all terms of the application for the scholarship, including requirements and expectations that come with the granting of this scholarship and that all said information is be true.

Parent/ Guardian

Signature _____ Printed Name _____

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Please provide a short explanation below. Don't forget to include/attach all required documents with this application!

Player Age: _____ Grade: _____ School: _____

Hardship Explanation:

