



FOUNTAIN HILLS SOCCER CLUB

FHSC Scholarship Application

Player's Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Season Year: _____ Clinic Cost: _____ Amount Requested: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Mail application to: Fountain Hills Soccer Club P.O. Box 18096 Fountain Hills, AZ 85269

Please note:

- Application information will be kept strictly confidential.
- Scholarship awards will be determined by the FHSC Board.
- Apply early as funds are limited.

Please explain the financial situation that may qualify your child for a scholarship:

These scholarships have been made available because of a generous grant from the Verne C. Johnson Family Foundation.