

Portage Soccer Club Scholarship Application

Please fill out the short application below and mail to the PSC Treasurer:

Portage Soccer Club Attn: Treasurer P O Box 1593 Portage, MI 49081 – 1593

1.	Player's Name			_	
2.	Team Name			-	
3.	Contact Information:				
	Parent/Guardian _			_	
	Street Address			_	
	City, Zip			_	
	Telephone _			_	
	Email _			_	
4.	Please describe in the s	pace below the rea	son for requesting f	inancial assistance:	
5.	How much of the clu scholarship contributed	=	=	with the balance being th	ıe
Signa	uture		Date		

After completing the application, you may either mail or bring in an envelope to the Club Registration Meeting. A three member Scholarship Committee including: the President, Treasurer and a current Board member, will review the application. In some cases, additional information (i.e. previous year's tax return) may be requested. To protect your privacy the best we can, the Scholarship Committee and possibly your manager and/or coach will be aware of the application.