

Midstate Soccer Booster Club
SCHOLARSHIP APPLICATION

Date _____

Participant's Name _____ Age _____

Family Name _____ Phone _____

Address _____ Zip _____

Are you a Resident of the Decatur Park District? Yes No

Has your family ever received a scholarship from Decatur Park District before?
 Yes No

If yes, please specify when, program name and cost of program _____

Scholarship applying for (Name of Program) _____

Program fee _____ Total Number in Household _____

Annual Family Income _____

Place(s) of Employment _____

Dependent Information (only those dependents listed on most recent Federal 1040 or 1040A
Income Tax Return)

<u>NAME (First & Last)</u>	<u>AGE</u>	<u>BIRTHDATE</u>	<u>SCHOOL</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Extenuating Circumstances? Unemployment Extensive Hospital Bills Other

Please specify _____

Applicant's Signature _____ Date _____

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