



Scholarship Request from Owasso Soccer Club

Player Name: _____ Players DOB: _____

Address: _____ City/ST/Zip: _____

Person Completing Form: _____ Relationship to applicant: _____

Phone: _____ Email: _____

What is the best way to communicate with you regarding this? Phone Email

Has the player played with OSC before? Yes No

Do you qualify for free/reduced lunch at school? Yes No

Do you qualify for Sooner Care Insurance? Yes No

Is there another reason you would like to request scholarship? Please provide info below.

Proof of qualification may be required.

If scholarship is approved, the registration fee is reduced to \$25.00 and it is agreed that a parent/guardian must provide 3 hours of scheduled volunteering hours at OSC during the upcoming soccer season. This may include, moving trash cans, picking up scattered trash, Cleaning or restocking bathrooms, field marshal, etc...

Is this agreeable to you? Yes No

I certify and affirm the above information is true and complete to the best of my knowledge. I understand incomplete or false information could jeopardize eligibility with OSC. I further agree to if this scholarship is approved, I will participate as a volunteer for OSC.

Parent/Guardian Signature: _____

OSC President Signature: _____

For any questions or concerns please email oscpresident@oscsoccer.com