



Port St. John United Soccer Club

Scholarship Application

Applicant Information

Player's Name: _____ DOB: _____

Father's Name: _____

Mother's Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Player's Coach and Team: _____

Season requiring assistance: _____

How are you able to volunteer time to the Club? _____

How much are you able to contribute toward the cost of registration? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Port St. John Soccer Club strives to ensure that every youth who desires to play is given the opportunity to do so whenever possible. As a not-for-profit organization, however, there are limited funds available with which to provide financial assistance to those who might need it. We ask for your honesty and integrity with respect to a request for financial need in order to allow the Club to support those who are most in need.

In order to keep this scholarship or be considered for future scholarships you must complete 10 hours of volunteer hours within the club for each season a scholarship is received. Please contact your child's coach or the club president for ways to volunteer within the club. All volunteer hours must be approved by the club's president.

Signature: _____ Date: _____

This form must be filled out and reevaluated before each season. Filling out this form does not guarantee approval of scholarship. Scholarships are on a first come, first serve basis and applicant must be in good standing with volunteer hours.

Please submit form via one of the following methods:
Email to: Patrick Milon - psjunited.president@gmail.com
Mail to: PSJ Soccer Club
Attn: President
PO Box 237233
Cocoa, FL 32923

President's Signature: _____ Date: _____

Approval _____ Denial _____
Amount Approved _____

Volunteer hours completed: _____