

APPLICATION FOR RAVALLI UNITED PARTIAL SCHOLARSHIP

Multi-Player Discount:

Players' Names:

Players' Birthdates:

Parent's Name:

Address:

City:

Phone:

OR:

Financial-Based Scholarship:

The answers to the following questions will be kept confidential and only known to the Ravalli United scholarship committee. Scholarships are awarded on a partial basis for Ravalli United fees only. Please be aware that costs associated with uniforms and traveling to games are not covered under the scholarship fund.

1. What is your family's gross monthly income?
2. How many people does this support?
3. Would you be willing to volunteer your time to help with the club in some aspect? If so, what would you be willing to do?

Player's Name:

Player's Birthdate:

Parent's Name:

Address:

City:

Phone:

PLEASE RETURN THIS FORM TO:

**Ravalli United
Scholarship Committee
P.O. Box 2001
Hamilton, MT 59840**