

MCYSC SCHOLARSHIP APPLICATION

Player's Name(s) _____

Parent(s) Names _____

Address _____

Home Phone _____

Cell Phone _____

Reason for request _____

Mid County Soccer requests a \$75 fee per player. If a payment plan is more manageable for your family please indicate below.

Payment Plan:

3 payments of \$25 per player paid before November 1st _____

Checks should be made out to Mid County Soccer.

Payments should be mailed to Mid County Soccer

P.O. Box 668

Soquel, Ca. 95073