



Brazilian Soccer Training Center Scholarship Form

Child Name: School Attending:
D.O.B.: Age:

Parent First Name: Last Name:

Home Phone: Cell:

Parent email:

Home Address:

City: Zip:

of Children in the program:

Combined Household Income:

- Under \$5,000
- \$5,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$64,999
- \$65,000 and up

Disability:

- Yes
- No

www.bstcsoccer.com



Please provide a brief description about your qualifications for a BSTC Soccer scholarship:

Guardian Name (Print)

Signature

Date

www.bstcsoccer.com

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