



**THE PACESETTER SOCCER CLUB**  
**SCHOLARSHIP APPLICATION FORM**  
 2009/2010



**Must Be Printed or Typed – Use One Application per Family**

Applicant's Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age/Team: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age/Team: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Age/Team: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How many dependent children in the household? \_\_\_\_\_ Season: Fall or Spring  
*(you must reapply each season)*

How long has your family been involved with The Pacesetter Soccer Club? \_\_\_\_\_

Please list other children that have played previously for The Pacesetter Soccer Club:

\_\_\_\_\_  
 \_\_\_\_\_

Please list any financial concerns that should be taken into consideration regarding this application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received financial support from this club in the past? Yes ( ) No ( )

If yes, when and how much? \_\_\_\_\_

**PERSONAL DATA**

**FATHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

City:\_\_\_\_\_ State: \_\_\_\_\_ Zip Code:\_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Marital Status: SINGLE ( ) MARRIED ( ) DIVORCED ( ) SEPERATED ( )

**MOTHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

City:\_\_\_\_\_ State: \_\_\_\_\_ Zip Code:\_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Marital Status: SINGLE ( ) MARRIED ( ) DIVORCED ( ) SEPERATED ( )

**GUARDIAN(S)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

City:\_\_\_\_\_ State: \_\_\_\_\_ Zip Code:\_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Please enclose copy of last year's income tax statement or W-2(s).

Please explain why you are submitting an application for financial assistance:

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How much financial assistance are you requesting? \_\_\_\_\_

*I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.*

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**All information submitted and any scholarship granted will be kept strictly confidential by The Pacesetter Soccer Club Board of Trustees. Any false statements in this application may result in disqualification from receiving scholarship funds.**

**Applications submitted must be received by June 30 for the fall season and February 15 for the spring season. Applicants shall be notified by phone or e-mail approximately 3 weeks of the application deadline.**

Please submit this form by mail to:  
Scholarship Committee  
The Pacesetter Soccer Club  
5400 W Central Ave  
Toledo, Ohio 43615

**FOR OFFICE USE ONLY**

Amount of Scholarship Awarded \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason Denied \_\_\_\_\_

Fritz Klein \_\_\_\_\_

Pete Tomassini \_\_\_\_\_

Scott Ramey \_\_\_\_\_