



www.LampasasSoccer.org

Scholarship Application

Completed applications can be given to your team coach, emailed to: admin@LampasasSoccer.org or mailed to: Lampasas Soccer Association 1008 CR 3420 Lampasas, TX 76550

Funds are being requested for season: _____ Fall Spring Both

Player Information

First Name : _____ Last Name : _____ Age : _____
 Address : _____
 City : _____ State : _____ Zip Code: _____
 Phone # : _____ Email : _____

Parent / Guardian #1 Information

Relationship to Player: Mother Father Legal Guardian
 First Name : _____ Last Name : _____
 Address : _____
 City : _____ State : _____ Zip Code : _____
 Home Ph # : _____ Email : _____
 Cell Ph # : _____ Occupation : _____
 Work Ph # : _____ Employer : _____

Parent / Guardian #2 Information

Relationship to Player: Mother Father Legal Guardian
 First Name : _____ Last Name : _____
 Address : _____
 City : _____ State : _____ Zip Code : _____
 Home Ph # : _____ Email : _____
 Cell Ph # : _____ Occupation : _____
 Work Ph # : _____ Employer : _____

Financial Information

Total Monthly Household Income (include income from ALL contributing household members): _____
 Total family members living in household: 2 or less 3 4 5 or more
 Total family members registered with LSA: 2 or less 3 4 5 or more

Remarks Section

Please enter any additional information you would like us to consider in this space.

Official Use Only

Date Received: _____ Approval: _____ Disapproval: _____ Final Decision: _____
 Date Reviewed: _____ Certifying Official: _____