

THIS IS A TWO PAGE FORM. PLEASE READ AND COMPLETE BOTH PAGES.

(Please retain a complete copy of both pages for your files)

CLASSICS HAMMER FC SCHOLARSHIP APPLICATION

(please check which applies)

_____ Due 7/15/09 for Fall, 2009 U8-U14 players

_____ Due 7/15/09 for Spring, 2010 U15-U19 Premier players

_____ Due 11/1/09 for Spring, 2010 U15-U19 non-Premier players

_____ Due 11/15/09 for Spring, 2010 U8-U14 players

Application will not be considered without signature of applicant's parent/guardian

PLAYER'S NAME: _____

PLAYER'S DATE OF BIRTH: _____ PHONE #: _____

PLAYER'S TEAM PREVIOUS SEASON: _____

PLAYER'S TEAM IN SEASON FOR WHICH APPLYING: _____

PLAYER'S ADDRESS: _____

PLAYER'S/PARENT'S VOLUNTEER AND/OR LEADERSHIP ACTIVITIES WITHIN THE CLASSICS HAMMER ORGANIZATION: _____

PLAYER'S PARENTS' NAMES: _____

MOTHER'S OCCUPATION & ANNUALIZED SALARY: _____

FATHER'S OCCUPATION & ANNUALIZED SALARY: _____

SECOND PARENT'S ADDRESS(ES) & PHONE NUMBERS(S) IF APPLICABLE:: _____

OTHER CLASSICS PLAYERS IN FAMILY AND RELATIONSHIP TO APPLYING PLAYER: _____

TOTAL NUMBER OF DEPENDENT CHILDREN IN FAMILY: _____

NUMBER OF YEARS APPLICANT HAS PLAYED WITH CLASSICS: _____

PLEASE STATE ANY EXTENUATING CIRCUMSTANCES THAT YOU BELIEVE WARRANT AWARDED YOUR CHILD A NEED BASED SCHOLARSHIP:

AMOUNT OF SCHOLARSHIP YOU ARE REQUESTING: _____

PLEASE READ AND COMPLETE THE SECOND PAGE OF THIS FORM.

Classics Hammer FC Scholarship Applications **must** be mailed to Connie Hamilton, Classics Hammer FC, 7314 Woodcroft Drive, Cincinnati, OH 45230, and must be **postmarked NO LATER THAN the deadline date checked for the season in which this scholarship application applies. Scholarship Applications mailed or hand delivered to any other Classics Hammer FC agent, official, coach or board member will not be processed.**

You **must** re-apply for a Classics Hammer FC Scholarship each season; old applications will not be reconsidered in later seasons. Scholarships postmarked after the due date will not be considered. If you do not receive an e-mail confirmation within ten days of mailing form, please contact Connie Hamilton at hamilton@ClassicsHammerFC.com.

The Classics Hammer FC Scholarship Committee will make decisions on a subjective basis. While a player's need (as demonstrated by the Application) will be given the highest consideration, other factors may be considered including, but not limited to (1) years with the Classics Hammer FC; (2) the applicant's attendance record and attitude (as reported by the coach); (3) other of the applicant's activities which demonstrate volunteerism within the Classics Hammer FC Organization; (4) parent or player code of conduct violations. First half fees must be paid, or payment plan started, for an application to be considered. Scholarship money is only good towards club fees. Tournament fees, uniform fees, and team travel may not be covered by scholarship money.

The maximum scholarship award will be 50% of club fees for the season. All applicants will be notified by within two weeks of the application due date of the decisions of the Scholarship Committee. Notification will come via e-mail.

I hereby certify that I have read both sides of the Classics Hammer FC Scholarship Application form and that the information I provided is true and accurate to the best of my knowledge. I also agree to work at the seasonal training facility clean-up, tryouts for my age group and perhaps another age group, work four hours per scholarship awarded at the Blue Chip Showcase, and any other opportunity for which the club needs volunteers. This is over and above assisting with individual team needs.

Print Applicant's Parent/Guardian's Name Signature of Parent/Guardian of Applicant

EMAIL

ADDRESS: _____

PLEASE PRINT NEATLY – If we cannot read, your application will be rejected

Official Classics Use Only (Applicant: Do Not Mark Below This Line)

Postmark:

Coaches Comments:

Award:

Parents Notified: