



NEUSPORT
FOOTBALL CLUB



STUDENT ATHLETE WORK SCHOLARSHIP INFORMATION

Player's Name: _____ Date of Birth: _____

Email Address: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Team Name: _____ Coach: _____

GPA at the end of last school year: _____

Type of community service or school activity you are involved in:

Mother's Name: _____ Cell: _____

Mother's Email Address: _____ SS#: _____

Occupation: _____

Father's Name: _____ Cell: _____

Father's Email Address: _____ SS# _____

Occupation: _____

Application Agreement

For all recipients of Neusport scholarships, volunteer work will be required. This may include such help as assistance at tournaments or tryouts, help at the Neusport Clubhouse, etc. If a scholarship is awarded, we will work with you to schedule appropriate work and work times for you. Failure to fulfill work agreement may result in player's card being pulled and denial of future scholarships.

Players Signature: _____ Date: _____

Parent/Guadian Signature: _____ Date: _____