



Scholarship Application Request

Please return to: Garrison City FC, PO Box 1495, Dover, NH 03820

Participant(s) First/Last Name(s): _____

Age: _____ Date of Birth: ____ / ____ / ____ Gender: _____

Parent(s) First/Last Name: _____

City, State, Zip: _____

Primary Phone: _____ Other Phone: _____

Email Address: _____

Amount Requested: \$ _____ Funds will be used for (please check all that apply):

____ Little Kickers ____ Academy ____ Travel ____ Camp / Clinic

Briefly describe the need for assistance: _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if the above named participant is granted a scholarship any false statements, omissions, or misrepresentations made on this application may result in the immediate dismissal of the participant's financial scholarship.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____ Date: _____