



EUGENE TIMBERS FC SCHOLARSHIP APPLICATION



EUGENE TIMBERS FC SCHOLARSHIP APPLICATION DATE _____

PLAYER'S NAME _____ AGE _____

TEAM NAME OR AGE GROUP _____

PARENT(S) NAME (S) _____

ADDRESS (W/ZIP) _____

PHONE _____ EMAIL _____

I. Does your family use free or reduced school lunch programs?

Yes _____ No _____

II. Briefly explain why you need an ETFC scholarship.

III. Please attach **ONE** of the following documents 1) school lunch program qualification letter 2) federal income tax return (page one only).

IV. Mail application and documents to ETFC, PO BOX 10914, EUGENE OR 97440 or bring to tryouts.

_____ FOR OFFICE ONLY _____

application received _____
free lunch letter received _____
federal tax return received _____

fee award _____
matching award _____

award emailed _____
office updated _____

acceptance _____
fee reduction sign up _____

NOTES: