



Application for Scholarship

Please complete the following information as accurately as possible so we may do our best to fairly determine need. All information provided will only be shared with board members and kept in strictest confidence.

Player's name _____

Parent/Guardian name(s) _____

Street Address _____

City/Zip _____

Parent/Guardian may be contacted at the following;

Phone _____

E-Mail _____

On an additional sheet of paper please describe your desire to play field hockey and any and all circumstances that will help us determine your need for financial support. Please indicate if either for a partial scholarship or a full scholarship would meet your needs. You understand by accepting either a full or partial scholarship that you are expected to attend all games and practices and support the league to the best of your ability. In addition all applications should be accompanied by one letter of recommendation (preferably a former coach and/or teacher).

I certify that to the best of my knowledge all information provided in this application is true and correct, having been provided for the sole purpose of consideration of a scholarship for Coastal Premier Field Hockey.

Player _____ Date _____

Parent/Guardian _____ Date _____

Please return to a member of the Coastal Premier Field Hockey Board