

TPSC COMPETITIVE SCHOLARSHIP REQUEST

Player's Name _____ Address _____ City _____ Zip _____

Player Age _____ Team Name _____ Manager Name _____ Manager Phone _____

Estimated Total Team Cost _____ Coach Name _____ Team Level Class 1 Class 111

Parents Names and Address (use both lines if separate households)

Reason for request _____

Monthly Income and Expense

Total Monthly Income _____ Total Monthly Expense _____

#of people in household _____ Children _____ Adults _____

Applicants Signature _____

Information requested in this application is for the exclusive use of the TPSC Executive Committee and Scholarship Chair. This information is considered confidential.

Mail completed form to:
Alison von Lackum 2205 Paradise Drive, Tiburon CA 94920
Email avonlackum@yahoo.net