

TPSC RECREATIONAL 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 _____

Amount you are willing to pay: \$ _____ (suggested minimum \$30.00 per applicant- please include check with form)

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