



SCHOLARSHIP APPLICATION

Please Print Clearly

PARTICIPANT NAME:	<input type="text"/>	Gender:	<input type="text"/> M / F
PARTICIPANT DoB:	<input type="text"/>		<i>please circle one</i>
	<small>dd</small>	<small>mm</small>	<small>yyyy</small>
PREVIOUSLY PLAYED WITH STORM?	<input type="text"/>	YES / NO	SOCCER LEVEL: <input type="text"/>

PREVIOUS SSC SCHOLARSHIP?	<input type="text"/>	<input type="text"/>
<i>If "yes", when?</i>	<input type="text"/>	
KIDSPORT FUNDING ALREADY APPLIED FOR?	<input type="text"/>	<input type="text"/>
	<small>YES</small>	<small>NO</small>
	<i>If YES, please detail</i>	
PARENT/GUARDIAN(S):	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

Please attach a copy of the most recent Notice of Assessment for both parents to this application. (Notice of Assessment is proof of yearly income from Revenue Canada).

Only fully completed applications submitted by the published deadline will be considered.

OFFICE USE ONLY
DATE RECEIVED _____
Application reviewed by: President _____
Treasurer _____
APPROVED YES/NO