

THE DOVER SOCCER ASSOCIATION
HEATH SHOWERS SCHOLARSHIP
REQUEST FORM

Please print clearly:

Date: _____

Player Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Team: _____

Request – Please check what you are requesting for:

DSA Registration Fee (\$75)

DSA Uniform Fee (\$60)

Please explain your circumstances:

Parent or Guardian Print name: _____

Parent or Guardian Signature: _____

Relationship to player: _____

DSA Use Only

Date Rec'd: _____

Rec'd by _____

Approved

Denied

Date Reviewed _____

Reviewed by _____