

Eugene Metro Fútbol Club
Scholarship Application

Player's Name _____ Age _____
Address (with zip) _____
home phone _____ email _____
Parent(s) or Guardians' names _____

**To apply for an Eugene Metro FC scholarship,
please fill out either Part A or Part B**

**NOTE: If possible, please attach documentation from your school district
verifying that your family qualifies for the Federal lunch program. Thank you.**

PART A:

1. Does your family currently qualify for free lunch? Yes No
2. Does your family currently qualify for reduced lunch? Yes No
3. In what school district does your family qualify for free or reduced lunch?

Eugene 4J _____
Springfield School District _____
Bethel School District _____
South Lane School District _____

Fern Ridge School District _____
Junction City School District _____
Creswell School District _____
Pleasant Hill School District _____

**PART B: (Answer PART B only if your family does not qualify for free or reduced
lunch programs. If you answered Yes to the questions above, then you do not
need to fill out PART B).**

1. Briefly explain why your family requires a full or partial fee scholarship. If possible, provide specific reasons (for example, job loss or medical expenses) to help our scholarship committee understand the financial constraints that limit your family's ability to afford EMFC fees. We do not need detailed explanations, and all information will be strictly confidential.

If you have any questions about this application, please phone Evon Smith (EMFC board member) at 344-6521 (evenings) or email her at evonmieko@comcast.net.

Return this form by mail to EMFC Scholarships, PO Box 10914, Eugene OR 97440
You may also hand in the form at the tryout check-in table.