

Eugene Metro FC Scholarship Application

Player's name _____ Age _____

Parent/Guardian names _____

Address (with zip) _____

Family email _____

Home phone _____ Cell phone _____

Is your family approved for the Federal Free Lunch Program? YES ____ NO

Is your family approved for the Federal Reduced Lunch Program? YES
____ NO ____

If you answered "yes" to either question, please attach a copy of your school district's acceptance letter for the Free or Reduced Lunch program to this application. Do not attach tax returns or fill out the brief statement below.

If you answered "no" to both questions, please attach copy of parent or guardian's most recent federal tax return (pages 1 and 2 only) to this application with a brief statement explaining why your family requires a scholarship.

Brief Statement Explaining Need for Scholarship:

**Please mail this application with the required documents to:
EMFC Scholarships
PO BOX 10914
EUGENE, OR 97440**

If you have any questions, phone Evon Smith at 541 343-4717 (day) or 541 729-6065 (evening) or email evonmieko@comcast.net

RECEIVED:

AWARDED:

CONTACTED: