



BC SOCCER

2021 SCHOLARSHIP PROGRAM

APPLICANT INFORMATION FORM

Please complete the application form below:

Name (first and last):	
Date of Birth (mm/dd/yyyy):	
Gender: (male, female, trans, non-binary, prefer not to say)	
Email Address:	
Primary Phone Number:	
Address:	
City:	
Postal Code:	
High School Name:	
Name of Principal:	
Current Soccer Club:	
Post-Secondary Institution you plan to attend next year?	
City/Province/State Post-Secondary Institution is located?	
What is your vocational goal?	
Tell us why you believe you're a good candidate for a BC Soccer Scholarship? (100 words or less)	

Please tick all boxes that apply to you:

<input type="checkbox"/> Player	<input type="checkbox"/> Coach	<input type="checkbox"/> Referee
<input type="checkbox"/> Para-Athlete	<input type="checkbox"/> Athlete with learning differences	<input type="checkbox"/> Aboriginal
<input type="checkbox"/> Part of LGBTQI2S community	<input type="checkbox"/> New to Canada (immigrant, refugee, permanent resident in last 3 years)	
<input type="checkbox"/> Other		

PARENT/GUARDIAN CONSENT REQUIRED

Please have your parent or legal guardian complete the following section

I _____, confirm that I am the parent/legal guardian of _____. I am aware that my child will be submitting a video of them self as a part of this scholarship application. I understand that this video may be shared on BC Soccer's website and/or social media channels. I also understand that if my child is successful in receiving a scholarship, their application video will be provided to the donor of their scholarship's funds to be shared on the donor organization's website and/or social media channels.

Please accept my signature below as confirmation of my consent for this activity.

Parent/Legal Guardian Signature

Date