

**Greenbelt SA Special Needs Select Player Scholarship Application**  
preference is given to Greenbelt and New Carrollton residents

Date:

Player Name:

Player DOB:

Player Address:

Team Name:

School Attending:

Is the player in the Free and Reduced Meal (FARM) program in the public school?

Amount of scholarship requested (up to \$250):

Please explain any circumstances that we should be aware of that contribute to your need for this scholarship

**Endorsement by the team**

Relative rank of this application versus others from the same team (e.g. 1,2,3 ...)

Team Manager or Coach name:

Team Manager/Coach Signature indicating endorsement of this players application for scholarship: