



## Olympic Development Program Scholarship Application

Date: \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_ Team: U13 \_\_\_\_\_ U15 \_\_\_\_\_ U17 \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

(W) Phone: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (Cell) Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

(W) Phone: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (Cell) Phone: \_\_\_\_\_

# of Dependents in household: \_\_\_\_\_ # of ODP Players in household: \_\_\_\_\_

Has this player or others in your family received an ODP Scholarship before? Y or N

Please list years(s) and name(s) of previous scholarship(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach your letter of request to this application.

\_\_\_\_\_  
Requesting Parent/Guardian Signature

\_\_\_\_\_  
Date

Mail Forms to:  
Vermont ODP Scholarship Fund  
Vermont Soccer Association  
25 Omega Drive, Suite 220  
Williston, Vermont 05495

*This form will be held in confidence, will not be disclosed to anyone except the ODP Scholarship committee, and will be used only for the purpose of determining eligibility for ODP scholarships.*

ADMINISTRATIVE USE ONLY Date Rec'd

Date Notified

Amount\$