



# Every Kid Should Play!

## Competitive Soccer Scholarship Program

The Hub City Soccer Club welcomes all who wish to participate and believes that players should not be denied the opportunity to take part in the competitive soccer program because of an inability to pay. We are just beginning this scholarship program; so, our funds are limited and scholarships will be awarded on a first come first serve basis.

**To determine if you qualify for the scholarship this form must be filled out in its entirety and one of the following types of documentation MUST ACCOMPANY it or it CAN NOT BE PROCESSED:**

A Copy of your LAST Income Tax Form that you submitted to the IRS

**OR**

Copies of the last two pay stubs from all adults living in household.

**OR**

Copy of Social Security or Disability Checks

\*Please do not send original documents as we must keep a copy of them on file.

\*Recipients are required to re-apply each year, with the understanding that they may not receive aid each year.

**ALL PORTIONS OF THIS APPLICATION MUST BE FILLED OUT IN ORDER TO BE CONSIDERED.**

Name of Player(s) seeking assistance:

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian #1 \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address \_\_\_\_\_ Employer: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Gross MONTHLY Salary: \$ \_\_\_\_\_

Employer #2: (if applicable) \_\_\_\_\_ Gross MONTHLY Salary: \$ \_\_\_\_\_

Parent / Guardian #1 \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address \_\_\_\_\_ Employer: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Gross MONTHLY Salary: \$ \_\_\_\_\_

Employer #2: (if applicable) \_\_\_\_\_ Gross MONTHLY Salary: \$ \_\_\_\_\_

Total number of people in your household: \_\_\_\_\_

## Applying for Aid:

Up to 80% of the competitive registration fee may be subsidized if the applicant meets the financial need guidelines. Travel, uniforms and other expenses are not applicable for scholarship.

I am applying for \$ \_\_\_\_\_ of Scholarship Aid / child.

**Reason for applying for Scholarship:** (Here is where also can indicate any changes that have occurred; loss of job; illness in family, divorce, etc. that has led to a financial change not shown on enclosed documentation.)

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## Please indicate any income or additional assistance you are currently receiving.

\*Please attach any documentation you have to support this

Unemployment:	\$ _____	Per Month
Child Support:	\$ _____	Per Month
Disability / Work Comp.	\$ _____	Per Month
Social Security	\$ _____	Per Month
WIC	\$ _____	Per Month
Food Stamps	\$ _____	Per Month
Energy Assistance	\$ _____	Per Month
Housing Assistance	\$ _____	Per Month
Medical Assistance	\$ _____	Per Month
TANF	\$ _____	Per Month

### Principle Monthly Expenses and Extraordinary Expenses:

Mortgage:	\$ _____	Per Month
OR		
Rent:	\$ _____	Per Month
Utilities:	\$ _____	Per Month
Car Payment:	\$ _____	Per Month
Cell Phone:	\$ _____	Per Month
Cable:	\$ _____	Per Month
Medical:	\$ _____	Per Month
Other:	\$ _____	Per Month

## Authorization

By signing I am certifying that the information supplied on the application is true and correct to the best of my knowledge. I authorize those reviewing my application the ability to discuss if necessary with the Hub City Soccer Director and Treasure in confidence, my individual and/or household information that may relate to my application for financial assistance. I understand that I must provide all the supporting documents required before my application will be processed and that no award may be given at all if I do not meet the financial need guidelines set forth by the Hub City Soccer board.

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Applicants Signature

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Date