



Application for Financial Assistance

Player's Name _____ Date of Birth _____
 Team _____ Age Group _____ Grade _____ School _____
 Parents/Guardian's Names _____
 Address _____
 Telephone _____ Cell Phone _____
 Email _____ Recreational Competitive

Reasons for Applying for Financial Assistance:

Why do you want your child to play soccer?

Why is this important?

Current Assistance Received and Family Situation:

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Welfare/Social Security | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> School Lunch Subsidy | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Number of other children _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rent <input type="checkbox"/> Own Principal Residence | |

Your scholarship will not be submitted without the following:

- Attach most recent US Individual Income Tax Return (required)
 Reduced Lunch Confirmation (not required)
 Attach most recent earnings statements for all employed adults in household (required)

Current Household Gross Income:

- | | |
|---|---|
| <input type="checkbox"/> \$20,000 or less | <input type="checkbox"/> \$20,000 to \$25,000 |
| <input type="checkbox"/> \$25,000 to \$30,000 | <input type="checkbox"/> \$30,000 to \$35,000 |
| <input type="checkbox"/> \$35,000 to \$40,000 | <input type="checkbox"/> \$40,000 to \$45,000 |
| <input type="checkbox"/> \$45,000 to \$50,000 | <input type="checkbox"/> \$55,000 to \$60,000 |
| <input type="checkbox"/> \$60,000 and over | |

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By submitting a Financial Assistance Scholarship you agree to volunteer services for Cook Inlet Soccer Club?

If your child/children play on a competitive team, do you participate in fund raising?
___ Yes ___ No

Total fee Eligible:

Please specify how much assistance you need toward paying this fee_____

Additional Applicants:

Player's Name _____ Date of Birth _____
Team _____ Age Group _____ Grade _____ School _____

Please specify how much assistance you need toward paying this fee_____

Player's Name _____ Date of Birth _____
Team _____ Age Group _____ Grade _____ School _____

Please specify how much assistance you need toward paying this fee_____

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All information provided is for the sole purpose of helping the Scholarship Committee issue awards. These requests are strictly confidential and will not be shared with anyone other than the Scholarship Committee.

Please review the form prior to submitting as incomplete applications will be returned without action. You will have until the application deadline to resubmit with any missing information or documents. **Due dates: Fall session due Sept 28, Winter session due Jan 10 and Summer session due May 1.**

The policy of Cook Inlet Soccer Club is that every effort will be made to ensure that children will not be deprived of the opportunity to play soccer due to financial hardship. The Scholarship Committee may award either full or partial scholarships.

All statements in this application are true to the best of my knowledge. I understand the number and amount of scholarships is limited. I am aware that this application may be selected for verification and agree to cooperate fully in the verification process.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Team Manager/Treasurer

<i>Office Use Only</i>			
	Tax Return		Current Pay Stub(s)
	Reduced Lunch Certificate		

<i>Scholarship Committee Use Only</i>			
Date of review/approval			
Approved amount			
Committee Members			
Committee Chair			

Cook Inlet Soccer Club
9210 Vanguard Dr Ste 102B
Anchorage, Ak 99507
907-344-7529, Fax 907-344-7713

Date Rec'd: _____