

## SCHOLARSHIP ASSISTANCE APPLICATION FORM

The Midland Soccer Club recognizes that some families may not be able to afford the cost of soccer registration fees due to limited income. The Club has, therefore, established a Scholarship Fund for the purpose of helping to pay registrations fees for those in need of such assistance.

### Terms & Conditions:

1. Proof of annual household income is required by attaching one of the following: A copy of your most recent Federal 1040 tax form (front & back), or an eligibility letter stating benefits from the Family Independence Program or Social Security.
2. Scholarship funds are limited and, therefore, eligibility does not guarantee any dollar amount of funding or even of funding itself. Depending on annual household income, household size, and/or special circumstances, scholarships may cover from 25% - 90% of the registration fee. Any balance due by the financial aid recipient, must be paid in full before the child is placed on a team.
3. A Scholarship Committee is responsible for allocating funds in a fair and balanced way that serves the largest possible number of eligible applicants. Limits may be placed on dollar amounts granted per family.
4. Complete scholarship application, including proof of income for all those living in your household, should be dropped off or mailed to the Midland Soccer Club. Applications must be received during the open registration period and will not be accepted during late registration. The determination of your scholarship benefit will be mailed to you.

Personal & Financial Information (kept confidential).

People Living in Household Please include your name, spouse, significant other, parents, dependants & any others living in your home.	Birthdate & Age	Annual Household Income Attach documentation
<b>Total of all annual household incomes (attach documentation):</b>		<b>\$</b>

Address: \_\_\_\_\_  
 (number, street, city, state & zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate who you are requesting assistance for.

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Please explain any special circumstance if applicable.

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Certification: By my signature: 1) I certify that the above information is true and correct to the best of my knowledge; 2) I understand that this information is being given for the receipt of financial assistance; and 3) I agree that deliberate misrepresentation of the information will result in denial of scholarship benefits.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (signature of adult household member)