



NWI SOCCER CLUB SCHOLARSHIP APPLICATION FORM

Player last name: _____ First name: _____

Birth date: ____/____/____ Gender: M F (circle one)

Player's street address: _____

City: _____ Zip: _____ plus4 _____

Name(s) of parent(s) or guardian(s) at above address:

Player & parent/guardian home phone: (____) _____ other phone (____) _____

How many other children in this family, living in this household, are on NWI Soccer teams?

Are you applying for scholarships for any of these other children? Yes No (circle one)

(To apply for additional children in the family, list each child's name & birth date on an additional page.)

How many adults _____ children _____ are supported by your household income?

Check total gross income (before taxes, inc. child support) earned by all adults in your household last year:

under \$25,000 _____ \$45,001-\$50,000 _____

\$25,001-35,000 _____ over \$50,000 _____

\$35,001-45,000 _____

Check assistance the player's family receives (check all that apply):

subsidized housing _____ free school lunch _____

food stamps _____ reduced school lunch _____

medical assistance _____ other _____

I'm applying for (check one option):

_____ Registration fee scholarship in the amount of \$ _____

_____ Training fee scholarship in the amount of \$ _____

_____ Other \$ _____ Explanation _____

"All statements in this application are true to the best of my knowledge. By signing this application, I agree to donate the designated work time if I receive a scholarship. "

Signature of applicant Printed name

Today's date: ____/____/____

INSTRUCTIONS

This program exists to ensure no one is prevented from playing soccer in the NWI Soccer Club for financial reasons. Please read and complete all information in this application to be sure you meet all the qualifications and supply all the necessary information.

- The scholarship committee **MUST** receive your application.
- Fill out the application as completely as possible.
- **Attach a brief written explanation of why you are requesting a scholarship and why you feel you may qualify. Without this information, your application cannot be accepted.**
- Individual awards will range from \$50 - \$450, not to exceed the budgeted amount determined by the Board of Directors each year. The amount of the award depends on need, based on family income, number of family members and potential number of players per team requesting financial aid.
- Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. area also taken into consideration. Be sure that you include an explanation of this in your written explanation if you have circumstances like these that should be considered.
- You are asked to provide copies of your latest Federal and State income tax returns as proof of income and family size.
- The club treasurer and registrar, as well as the scholarship committee will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.
- You are responsible for paying any club, coaching, or team expenses not covered by the scholarship.
- Send your completed application to: NWI FC PO Box 932, Spencer, IA, 51301.

We try to offer some assistance to everyone who has need, but budget limits may not allow us to give 100% of the aid everyone feels they need. If you need more help meeting expenses, payment plans can be discussed.

Please attach any of the following as proof of financial need along with this completed application:

- proof of eligibility for school lunch program or other assistance
- financial aid application and award statement from private/parochial school

Upon receiving a scholarship, each family will be required to complete a certain job or task for the club. For instance, a family might water trees once a week for the rest of the year. The jobs and tasks will vary and based on what family members can do.