



**NWI SOCCER CLUB  
SCHOLARSHIP APPLICATION FORM**

Player last name: \_\_\_\_\_ First name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F (circle one)

Player's street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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)

(If applying for more than one child, 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                       \$25,001-35,000                       \$35,001-45,000  
 \$45,001-\$50,000                       over \$50,000

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):

- Rec League                       Academy                       Competitive  
 Registration fee scholarship in the amount of \$ \_\_\_\_\_  
 Training fee (Academy and Competitive only) 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 any stipulations that may be attached to a granted scholarship request. Refusal or unfulfilled commitments may result in a revocation of any awarded scholarship and I agree to be held responsible for reimbursement to the scholarship fund.

\_\_\_\_\_  
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.

- 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 \$25 - \$400 depending on the level of play, 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. are 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.
- 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: NWISC 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 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