

## Soaring Capital Soccer Club Scholarship Application

Soaring Capital Soccer Club

P.O. Box 43

Corning, NY 14830



Player : \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City, State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

It is the mission of the Soaring Capital Soccer Club to provide financial assistance for players in need. An application for scholarship assistance is a certification that the above player will not be able to participate in the program without scholarship assistance due to severe family financial situations. All applications will be reviewed in strict confidence by a panel of three board members consisting of the Club President, Vice President, and Registrar. Applicants will be notified in a timely manner of the panel's decision. Submit the completed application in a sealed envelope marked "scholarship application". In return for the scholarship, we request volunteer service, generally in one of the following areas:

Field Maintenance \_\_\_\_\_ Fundraising \_\_\_\_\_

Scholarships are normally for 50% of the Spring League Fee (currently \$330 for U8-U12, \$400 for U13-U19) or the Uniform Fee, but in truly exceptional circumstances, scholarships may be considered for up to 100% of the costs.

Check all that you wish to apply for:

\_\_\_\_\_ Spring League Fee

\_\_\_\_\_ Uniform Fee

Signature of the Parent/Guardian: \_\_\_\_\_

### Approvals:

Signature of SCSC President: \_\_\_\_\_

Signature of Vice President: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

**ON THE BACK OF THIS FORM, PLEASE LIST THE REASONS YOU ARE REQUESTING A SCHOLARSHIP** (relevant information should include annual household income, # of dependents in the house, any medical or financial issues that are adversely affecting the household finances, etc.)