



**Highland Scots Club Scholarship Form**  
 Please send form to: Highland Scots Club, P.O. Box 194, Marengo, OH 43334

**Program description:** Highland Soccer Club (HSC) is a non-profit youth soccer organization that offers a Financial Assistance program for youth participants who are in need of financial aid in order to play soccer in HSC. Each request for aid is considered on a per season basis and applies to registration fees only. Participants are required to purchase their own required shin guards and cleats. The amount of aid and number of family members/players receiving aid is dependent upon available funding and is not guaranteed from year to year.

**Confidentiality:** *All gathered information is for the express and sole purpose of assisting the HSC Scholarship Committee in making financial assistance decisions. Scholarship requests are strictly confidential. Incomplete forms will not be considered*

Date of application: \_\_\_\_\_ Have you requested aid before? Yes/No Amt Last Rec'd: \_\_\_\_\_  
 Number of Seasons Played at HSC: \_\_\_\_\_  
 How many children in the family are signing up for soccer: \_\_\_\_\_  
 Age Level: \_\_\_\_\_  
 Name of Applicant's \_\_\_\_\_  
 Name of person filling out form: \_\_\_\_\_  
 Your Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
 Your E-Mail: \_\_\_\_\_  
 Applicant's Parents Name(s) \_\_\_\_\_  
 Applicant's Home Address \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONFIDENTIAL FAMILY FINANCIAL INFORMATION**

How much of the fees can you afford to pay? \_\_\_\_\_  
 Do you own or rent your home? \_\_\_\_\_ Number of wage earners in household? \_\_\_\_\_  
 Employed Full/Part-Time Receive Unemployment? Yes/No Receive Support? Yes/No  
 Number of persons living in the household: \_\_\_\_\_ # Adults \_\_\_\_\_  
 # Children (school age) \_\_\_\_\_ # Children (under school age) \_\_\_\_\_  
 Do you qualify for free or reduced lunch program (yes/no): If yes, what percent? \_\_\_\_\_  
 Do you qualify for other public assistance? Yes/No Food Stamps? Yes/No

Briefly describe why Financial Aid is being requested at this time. If more space is needed, continue on back.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Denied**

Reason: \_\_\_\_\_

**Approved**

Amount Awarded \$ \_\_\_\_\_  
 Notification Sent to: \_\_\_\_\_ Team Representative \_\_\_\_\_ Parent/Guardian

**Conditions of Scholarship have been met and Scholarship is awarded**