



SSAAK/CSC Scholarship Application

Skills for Soccer. Skills for Life.

Part I

Date of Request: Choose date. Season: Team: Age Year:

Player Information:

Name:

Address: City: Zip:

Parent/Legal Guardian Information:

Name: Relationship:

Address: City: Zip:

Phone: Email:

Complete this section if applying for more than one applicant in your family:

Additional Applicant Name: Team: Age Year:

Additional Applicant Name: Team: Age Year:

Part II

Volunteer Information:

Please note that you are required to complete a minimum of 20 hours of volunteer time if you receive scholarship money. You are required to track hours on the SSAAK/CSC volunteer form.

Are you currently volunteering any of your time to SSAAK/CSC? If so, please provide details of your involvement:

Please indicate areas you would like to volunteer (you may check more than one)

- Assist with summer camp or clinics Assist with developmental program
- Work at CSC Concessions at the MAC Assist the B.O.D. with varied tasks
- Assist Technical Director as needed Other _____

Part III

Please provide the following information in regards to your family income:

Single Parent? (yes, no): Single Family Income? (yes, no):

Number of children living at home:

Any children in college? (yes, no): If yes, what are annual college expenses?:

Net monthly income (wages): Monthly mortgage or rent:



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Part III (cont.)

Other income: Public Assistance: Alimony: Child Support:

Does your family qualify for free or reduced school lunch program? (Yes, no)

Number of family members who qualify for the Alaska Permanent Fund?

Explain other circumstances that create a financial hardship?

Total Club Based Fees:

Parent Contribution:

Total Amount Requested:

Part IV

Parent's Commitment Pledge

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform SSAAK/CSC of any changes to my income, family size, or ability to pay. I understand that incomplete applications will not be considered for scholarship money. I have read the program description and understand there is no guarantee of fee assistance. I understand that SSAAK/CSC and associated members make no promise or assurance of financial aid, and the award money is subject to funds available and the family's ability to pay. If my child is provided scholarship money, I will make my best effort to help my child attend practices, games and volunteer commitments. In addition, I will volunteer my time to the team or club when possible.

Parent or Legal Guardian:

Date:

Soccer Player Commitment Pledge

If I am provided scholarship money, I will do my best to attend practices and games. I will make an effort to be involved in all team activities, demonstrate good sportsmanship and fair play while being a good teammate. I agree to complete at least 10 hours of volunteer time for the club.

Soccer Player's Signature:

Date: Choose date.

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Date of Review: Enter a date

Application complete? (yes/no)

Application: Approved / Denied

Approval Amount: \$

Reason for Approval/Denial