

## Technical Soccer Youth Scholarship Program



Technical Soccer strives to provide every child the opportunity to participate in youth sports, regardless of their financial situation. Therefore, we offer a Youth Scholarship Program to pre-approved families.

The scholarship fund will be used to pay FEES ONLY for PDP or Rec Soccer programs. Uniform packages are not covered under the scholarship program.

Technical Soccer Club  
Youth Scholarship Program



Please complete an application for each child:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Female/Male Birthdate: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive food stamps: YES NO

Does your child receive welfare compensation: YES NO

Does your child reside in public housing: YES NO

Annual Household Income: \_\_\_\_\_ Number of Dependent Children: \_\_\_\_\_

*Annual Household Income includes all household members: wages, salary, social security, public assistance, child care assistance, unemployment insurance, child/spouse support, pension/retirement, and all other sources of income. **Note: The applicant must be able to provide proof of the above.***

Number of Family Members in Household: \_\_\_\_\_

Desired Program(s) – Please circle

*Rec Soccer PDP Club Soccer*

**Consent to Exchange Information**

I understand that additional information may be required to adequately serve myself/child, to coordinate with other agencies, and to verify eligibility of services. I certify that all of the information provided is true and correct. I permit Technical Soccer Club to verify the information on this application.

**Request for Fee Waiver**

I am currently receiving food stamps, welfare compensation, or I am living in public housing. I understand if I am receiving any of the above, I must show proof to the Technical Soccer Staff.

\_\_\_\_\_, am signing this form for \_\_\_\_\_.  
(Full printed name of requesting person) (Printed name of child)

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Staff Use Only**

- ☐ Approved    Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Disapproved    Reason: \_\_\_\_\_ Director: \_\_\_\_\_