

CHICAGO INTER SOCCER CLUB

Scholarship Application



To apply for financial assistance, complete the information below and attach Pages 1 & 2 from parents'/ guardians' most recent tax return(s). **Note that this supporting documentation is required for all parents/ guardians that financially support the player(s).**

If a tax return is not available, please note this on the application, include a brief statement as to why it is not available, and attach an alternative form of income verification (e.g. – a recent pay stub, proof of free or reduced lunch paperwork/acceptance, etc.).

Email the completed application and supporting documentation to finance@chicagointershouth.com or mail it to our mailing address at **3311 Red Jasper St. Normal, IL 61761**. **Applications must be received within 1 week** after receiving the offer for your team. Applications received after this date and/or those submitted without the required documentation could be denied.

Team: _____ Male/Female: _____

Player Name: _____ Date of Birth: _____

Address: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Phone: _____ Email: _____

Father's Employer & Address: _____

Mother's Employer & Address: _____

Other Sources of Income: _____

Briefly describe why you, as the parent/guardian, are requesting this assistance. Use the space provided below and attach additional sheet(s) if necessary. **Be sure to indicate if your request is for a Full or Partial Scholarship. If requesting a Partial Scholarship, please indicate the amount requested.**

Decision: _____ Approved _____ Denied

Amount: \$ _____