



## **Scholarship Application 2019-20 Season** **Competitive Program**

### **Scholarship Application Procedures and Requirements:**

It is the absolute wish of the Chargers SC to not turn away a player due to an inability to pay; however, as a non-profit organization, there are limited funds to do so. **An application for scholarship assistance for club registration fees is a certification that the player will not be able to participate in the program without scholarship assistance due to severe family financial situations AND that an Extended Payment Plan and available fundraising opportunities alone are not doable.** Please note: Scholarships are not granted for Team Fees.

**What amount can be expected should my Scholarship Application be approved?** That is difficult to know upfront; however, based on the available funds annually for scholarships and the number of applications received in prior seasons, full scholarships have been unheard of and, the average scholarship grant per player fell in the \$200-\$400 range.

**Mandatory Club Volunteerism:** As a non-profit, volunteerism is one of the keys to the club's success. Applicants that are approved will be required to volunteer in club organized activities. **All scholarship recipients will be assigned 10-15 REQUIRED hours (depending on age group) that need to be completed by 2/1/20. (If the hours are not worked by 2/1/20, your child will be blocked from practicing/playing with their team until complete. Volunteer opportunities are available as early as August/September with the annual Labor Day Tournament.)**

If your scholarship is approved and you do not fulfill your volunteer requirement, the scholarship will be rescinded and you will owe the full amount before the end of the season. If accommodations are needed for your volunteerism, please provide that information on the next page.

**Required Documents:** Scholarship grant decisions are made on a financial need bases only. Providing copies of the required forms (listed on the next page) properly documents your potential financial need. Please note that your documents will be held in the strictest confidence!! **An application will not be considered without the appropriate forms attached.**

All applications will be reviewed by the Chargers SC Executive Board. Please remember turning in an application does not guarantee approval of a scholarship. Status will be determined and communicated as soon as possible after the board decisions are complete.

**How Scholarship Grants Are Applied:** If you are granted a scholarship, that amount will be applied to the last portion of your club registration fees and will NOT be posted to your billing account UNTIL your required volunteer hours have been completed (submitted on a Volunteer Hours Log Form) AND your non-scholarship portion has been paid in full.

Scholarship recipients can take advantage of Extended Payment Plans for their non-scholarship portion. If the non-scholarship fees & team fees are not paid by the end of the season, the player will be placed in bad standing with FYSA for the full amount including the scholarship portion.

**DEADLINE FOR APPLICATION SUBMISSION: 6/15/19**

Because it takes time to organize & process the applications, we'd greatly appreciate submission as early as you can. Please email them to [Kathleen@ChargersSoccer.com](mailto:Kathleen@ChargersSoccer.com) or mail to "Grant Program, Chargers Soccer Club, P.O. Box 47026, Tampa, FL 33646". Please look for a confirming email that your application has been received. If you do not receive a confirmation, please email Kathleen to confirm receipt.



# Scholarship Application **2019-2020 Season** Competitive

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Player Name: \_\_\_\_\_ Player's Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_M\_\_\_F

Community/Team Age Group: \_\_\_\_\_ Coach's name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### **Please answer each of the following questions & attach copies of the requested documents:**

Initial here that you have read and understand the program description on the previous page.

Please tell us why an Extended Payment Plan and available fundraising opportunities alone will not work to help you make full payment of club registration fees: \_\_\_\_\_  
\_\_\_\_\_

How many adults are supported by your total household income? \_\_\_\_\_ How many children? \_\_\_\_\_

If you require any accommodation(s) for you to complete your required volunteer hours at club organized events, please let us know what that is: \_\_\_\_\_  
\_\_\_\_\_

Check off below all that pertain to you & attach that documentation. **The 2018 Federal Income Tax Return (that claims this player as a dependent) is required of all applicants – please black out all social security numbers on the copy you submit!!** The other documents are only required if they pertain to your child. An application will not be considered without the appropriate forms and will be returned to you.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 2018 Tax Return              | <input type="checkbox"/> medical assistance | <input type="checkbox"/> subsidized housing   |
| <input type="checkbox"/> food stamps                  | <input type="checkbox"/> free school lunch  | <input type="checkbox"/> reduced school lunch |
| <input type="checkbox"/> other (please specify) _____ |   |   |

### **Please provide any Statements of Special Circumstances on the other side of this page.**

By signing this application I confirm that all statements in this application (including attachments) are true to the best of my knowledge. I understand that if my child is granted a scholarship, as a condition of the scholarship, I will be responsible for paying all non-scholarship registration fees & team fees and fulfilling all required volunteer hours and will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. **I understand that if I do not fulfill these things, the scholarship may be rescinded.** If approved for a scholarship, I know I can complete an Extended Payment Plan form at that time to pay the balanced owed in club dues in multiple payments.

(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_