# Tampa REC
# Scholarship Application 2016-2017 Season

Player Name: _____ Date: _____/_____/_____

Player's Birth date: ____/____/____ Gender: _____M _____F

Home Phone: (_____)_____

Parent/Guardian: _____ Cell Phone: (_____)_____

Street: _____ E-mail address _____

City, State, Zip: _____ _____

It is the mission of the Chargers SC to not turn away any player due to inability to pay; however, there is a very limited budget to do so. An application for scholarship assistance for Rec Registration Fees is a certification that the above 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 alone is not doable. Please note: All applications will be reviewed by the Chargers SC Board in strict confidence. Applicants will be notified in a timely manner of the board's decision. Please remember turning in an application does not guarantee approval of a partial or full scholarship. Status will be determined and communicated ASAP. **NOTE: Most scholarship grants awarded are partial grants.**

As a non-profit youth soccer club, volunteerism is one of the keys to the success of our club. Applicants that are approved will be asked to volunteer in one or several areas listed below. Please indicate what areas you would like to volunteer in and the Board will try to accommodate your request. (List in order of preference 1-4 with 1 being the 1st choice and 4 being the last choice.) If your scholarship application is approved in one form or another and you do not fulfill your volunteer responsibility, the scholarship will be rescinded (and the player will not be able to play) until your volunteer service is fulfilled. If you are unable to regularly volunteer, please provide that information in writing with this application.

____ Head Coach ____ Concessions ____ Trash Removal

____ Assistant Coach ____ Team Parent ____ Field Set Up

**Please answer the following questions & provide copies of the requested documents:**

**What fees are you asking consideration for:** **Chargers Rec Registration Fees $_____**

Please tell us why an Extended Payment Plan spreading your fees over 4-5 months alone will not work to help you make full payment of club dues. _____

How many other children in this family that live in this household? _____

How many other children in this family, living in this household, are on Chargers SC teams? _____

Do you want to apply for scholarships for any of these children? ___Yes ___No

***To apply for scholarships for additional children in the family, please attach a sheet of paper listing each child's name, birth date, team, coach, team manager (if known) and team manager's phone.***

How many adults are supported by your household income? _____ How many children? _____

Indicate the total gross income (before taxes) earned by all adults in your household in the last year: _____

***** Please attach a copy of the first 2 pages of your 2015 Federal Income Tax Return - but for your protection & confidntiality, please black out your social security #s on the copy you hand in. (An application will not be considered without these forms.) *****

Indicate assistance the player's family receives: (choose from below & ***provide documentation for those you choose***)

___ *subsidized housing* ___ *free school lunch* ___ *none of the above*

___ *food stamps* ___ *reduced school lunch*

___ *medical assistance* ___ *other (please specify)* ** All applicants must provide Tax Return.

How much child support did your household receive last year from a non-custodial parent? $_____

**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 volunteering and will be asked to support my child in attending practices and games. I understand that if I do not fulfill these things, the scholarship may be rescinded. If approved for a partial scholarship, I know I can complete an Extended Payment Plan form to pay the balanced owed in club dues in multiple payments.**

(Signature) _____

(Print Name) _____ Date: ____/____/_____

**ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL BY THE CHARGERS SOCCER CLUB.**