

Ashland Soccer Club
P.O. Box 3404
Ashland, OR 97520

SCHOLARSHIP APPLICATION

Parent/Guardian's Name: _____

Address: _____

Phone: _____ Email: _____

Players Requesting Scholarship for Soccer Fees:

Name: _____ Age: _____

Team: _____

Name: _____ Age: _____

Team: _____

Name: _____ Age: _____

Team: _____

Household Information:

1. Number of members in your household? ____Adults ____Children
2. Both parents live in same household? ____Yes ____No
3. If no, do children spend some of their time in other parents household?
____Yes ____No
4. If one parent lives in another household, can this parent contribute to the child's fees?
____Yes ____No

Please explain why you would like to be considered for financial aid to help cover your child/children's soccer fees:

Family Income:

Mother's Name: _____

Is the mother employed: Full time Part time Not employed

Monthly Job Gross Income: _____

Father's Name: _____

Is the father employed: Full time Part time Not employed

Monthly Job Gross Income: _____

Step Parent in Home Name: _____

Can the step parent contribute to the child's soccer fees? _____

Household Income/Assets:

Bank Account Balance: _____ Stocks/Bonds/Savings: _____

Unemployment Income: _____ Alimony payments/Child Support: _____

Social Security/Retirement/Disability Pay: _____ Housing Assistance: _____

Is either parent a full time college student? _____

Do you own your home? _____

Do you rent your home? _____ What are your monthly payments? _____

Please list your family automobiles:

Make: _____ Year: _____

Make: _____ Year: _____

Does your family qualify for: (Please check all and provide verification.)

Free and Reduced Lunch through the Public School System (Provide copy of letter from school district.)

Food Stamps

Oregon Health Plan due to limited income

I declare the information I have provided to correct and I agree to provide any additional verification requested. I authorize the Ashland Soccer Club to verify and obtain any information necessary regarding my financial status. I understand that if I provide false information, financial assistance will be denied. I understand that scholarships are awarded for one soccer year and I must re-apply each year. I understand that all scholarship applicants will be asked to make a copay towards their child's fees. I promise to ensure my child regularly attends practices and games.

Parent Signature: _____ Date: _____