

Wenatchee Soccer Club Scholarship Request Application

Program description: Wenatchee Soccer Club is a non-profit youth soccer organization that offers a scholarship program for youth participants who are in need of financial aid in order to play soccer in WSC. Each request is considered on a per season basis.

This request covers registration fees only. The participant(s) is/are required to purchase their own shorts, shin guards and cleats. The amount of aid and number of family members/players receiving aid is dependent upon the amount of money available and is not guaranteed from year to year.

Confidentiality: All information is for the sole purpose of helping the WSC Executive Board make grants. Scholarship requests are strictly confidential. Incomplete forms will not be considered and may be returned.

To process an application, Wenatchee Soccer Club (WSC) **requires** that each applicant submit the following items (if applicable):

- Confidential Application for Financial Assistance
- Copy of most recent year's tax documents (e.g. form 1040)
- Proof of Eligibility of Free or Reduced School Lunch Program
- Copy of current pay stub, social security, disability check

Once all required forms are submitted, the applicant will receive a response within 16 days*. If the applicant qualifies for full or partial assistance, the WSC Registrar will register the player for that season, and notify the applicant on completion of registration.

*Participants will not be permitted to begin practices or games until the application has been processed, accepted, and registration complete. This process can take up to a maximum of 16 days.

Please complete the confidential application form below and return it, along with the required forms listed to:

**Wenatchee Soccer Club
Financial Assistance
P.O. Box 3619
Wenatchee, WA 98807-1967
(509) 881-8533**

**Wenatchee Soccer Club
Application for Scholarship, Page 1 of 2**

Date Rec'd _____
By _____

Parent/Guardian Information

Guardian Name(s) _____	
Address _____	
Phone _____	Email (required) _____
Household Size _____	# of Adults _____ # of Children _____
Employer _____	
Employer Phone _____	

Participant Information

Participant # 1 _____	Gender _____	Grade _____
Date of Birth ____/____/____	School _____	Medical Conditions _____
Age Group _____	Team/Player/Coach Request _____	

Participant # 2 _____	Gender _____	Grade _____
Date of Birth ____/____/____	School _____	Medical Conditions _____
Age Group _____	Team/Player/Coach Request _____	

Participant # 3 _____	Gender _____	Grade _____
Date of Birth ____/____/____	School _____	Medical Conditions _____
Age Group _____	Team/Player/Coach Request _____	

Has/have the above participant(s) ever received financial assistance from Wenatchee Soccer Club?

YES NO If so, when? _____

Do any of the above participants receive the free or reduced lunch program? YES NO

Reason for Requesting Aid:

What was your family's gross income for last year? \$ _____

List gross monthly income from all sources.

	Applicant	Spouse/Other
Wages/Salary	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other*	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

*Please list all other sources of income

Financial Aid Requested:

Total Cost of Registration Fees \$ _____

Amount you can Pay \$ _____

Amount of Aid Requested \$ _____

We (I) certify that to the best of my knowledge that the above information is true and accurate.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM, TAX FORMS & PROOF OF ELIGIBILITY FOR FREE/REDUCED LUNCH PROGRAM (if applicable) IN A SEALED ENVELOPE MARKED WENATCHEE SOCCER CLUB, FINANCIAL ASSISTANCE, P.O. BOX 3619, WENATCHEE, WA 98807-1967

DO NOT WRITE IN THIS SPACE FOR WSC EXECUTIVE BOARD USE ONLY	
Amount Requested	\$ _____
Request has been:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Amount Approved	\$ _____
Required Family Contribution	\$ _____
_____ WSC President	_____ Date

