

2016-2017 ALLIANCE FC SCHOLARSHIP REQUEST FORM

This form is confidential and will only be used for purposes of determining scholarships.

All sections must be completed in order for a child to be considered for a scholarship.

The Alliance is pleased to offer scholarships on a per season basis. The number of players receiving aid and the amount of that aid will vary depending on the money available that particular season. You should be prepared to make a minimum deposit of \$100, as most scholarships awarded are not full scholarships. You should also be prepared to pay the uniform fee, additional training fees as scholarships do not cover costs other than club fees.

If you are awarded a scholarship, you will be notified by the Alliance via email.

Please complete one form per player requesting aid.

TO BE COMPLETED BY PARENT OR GUARDIAN:

Player's name _____ Team Name: U- _____ Boy Girl
Number of years playing on home club team _____ Siblings playing on home club team? _____
Father's name _____ Mother's name _____
Father's address _____ Mother's address _____

Father's Cell _____ Mother's Cell _____
Father's occupation _____ Mother's occupation _____

Please check all that apply:

_____ Parents separated or divorced _____ Mother disabled
_____ Single parent _____ Father deceased
_____ Father disabled _____ Mother deceased

Name of Parent/Guardian completing form: _____

E-mail address: _____

Does the child live with you? Full time _____ Part time _____

Number of wage earners in your household? _____

Household NET Monthly income from all wage earners: (after taxes) \$ _____/mo

Number of persons living in household? _____ Adults _____ Children _____

Do you receive child support? Yes or No

Does this include support for activity fees? Yes or No

Do you qualify for Public Assistance? Yes or No

Free/reduced lunch program? Yes or No

Amount your family can afford to pay per month for soccer this year? \$ _____/mo

Please describe your reasons for making this scholarship request (be specific about reasons): _____

Please read and initial next to each paragraph below. Then sign and date below.

_____ I certify that all the information on this application is true and correct.

_____ I understand that after review of my application, the Alliance may determine that I am responsible for a portion or possibly full payment of the Alliance fees for travel soccer. After the Alliance notifies me of the amount of financial assistance I will receive, I will need to contact the Alliance to accept the scholarship or decline to play soccer.

_____ I understand that I am requesting a scholarship from the Alliance that will waive some portion of the Alliance U15-U19 fees. If I am approved for this scholarship, I will be required to support my home club by volunteering according to their requirements and supporting my home club and fund raising activities.

Signature of parent/guardian completing form: _____ Date: _____

Please complete this form in its entirety and submit to Alliance Partnership. We prefer you scan or send a photo of your completed form and email to contact@columbusexpress.com. The form can also be mailed to: Alliance, 3129 25th Street Box 337, Columbus, IN. 47203, Attn: Alliance Scholarship. The deadline for this form is July 10, 2017.

A partially completed form will not be accepted for consideration so please be sure to answer all questions on the form.