



# GRANTS PASS Youth Soccer Club

## Scholarship Application

### Guidelines:

- INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- The submission of an application does not guaranteed approval.
- All recipients of scholarships must pay at least half the amount of the registration fee at time of application. U6/Kinder is not eligible for scholarship.
- An application is only valid for one season, fall, spring, or winter.

### APPLICANT INFORMATION:

Parent/Legal Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Family gross income from all sources (before taxes): \_\_\_\_\_

Number of adults living in household: \_\_\_\_\_ Ages of dependent children: \_\_\_\_\_

Please state the reason why you need scholarship funds: \_\_\_\_\_

### CHILDREN NEEDING ASSISTANCE:

Player Name	Age Division	Play Level	Fee
_____	_____	<input type="checkbox"/> rec <input type="checkbox"/> comp	_____
_____	_____	<input type="checkbox"/> rec <input type="checkbox"/> comp	_____
_____	_____	<input type="checkbox"/> rec <input type="checkbox"/> comp	_____
_____	_____	<input type="checkbox"/> rec <input type="checkbox"/> comp	_____

FOR OFFICE USE ONLY	
Discount	Total Due
_____	_____
_____	_____
_____	_____
_____	_____

Season:  Fall  Winter  Spring

I certify that all the information submitted on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my assistance may be rejected and payment may be requested of me.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application **with payment** to the address below. **Scholarship funds are limited; applications must be submitted during the regular registration period.**

<b>Scholarship:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<b>FOR OFFICE USE ONLY</b>
Value of Award: \$ _____	Date: _____	Approved By: _____	
Fee Paid w/application: \$ _____	<input type="checkbox"/> check# _____	<input type="checkbox"/> cash <input type="checkbox"/> Visa/MC	
Balance Due: \$ _____			