



**FORT WAYNE FEVER ACADEMY SOCCER CLUB**

**Application for Scholarship/ Financial Assistance**

\*This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the scholarship committee members. This form must be completed and brought to tryouts to be considered for financial assistance. All financial assistance forms and the decisions by the scholarship committee are final as of July 1<sup>st</sup>, 2010.

Today's Date \_\_\_\_\_

1. Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Team \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
4. Father's Employer Gross monthly income \_\_\_\_\_
5. Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
6. Mother's Employer Gross monthly income \_\_\_\_\_
7. What is the gross monthly income from all other sources? \_\_\_\_\_
8. How many people live in the household and are dependent upon this income? \_\_\_\_\_
9. Does this player have any siblings playing with FWF? \_\_\_\_\_ Name \_\_\_\_\_ Team \_\_\_\_\_
10. How much per month can you afford to pay for each child to play soccer? \$ /mo \_\_\_\_\_
11. Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Do you agree to complete 16 hours of volunteer work upon request of the Fever Academy? \_\_\_\_\_

**Applications will not be accepted without the following required verification of income.**

**Please attach a copy of the 2009 IRS 1040. (Income tax return)**  
**Please attach a copy of the Schedule C. (Income tax return for self employed)**  
**Please attach copies of pay stubs or other income verification for all sources of income for at least one full current month.**

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- I understand that parent participation in fundraisers and volunteering for team duties is mandatory and I agree to help with team and club fund raising activities.**
- I understand that I will be responsible for all other expenses not covered by the Scholarship.**
- I affirm that all the information given on this application is true and correct.**

Player's parent or guardian signature (Father) \_\_\_\_\_ Date \_\_\_\_\_

Player's parent or guardian signature (Mother) \_\_\_\_\_ Date \_\_\_\_\_

**\* All families must pay the \$195 non-refundable deposit in order to be considered for a scholarship/ financial assistance.**