



FC Pride Scholarship Program Application
Fall 2022 – Spring 2023

The Scholarship Program was developed to help parents in financial need offset the cost of their child's club assessment fee. To qualify for an FC Pride scholarship, you must first meet the Federal Free or Reduced Lunch income requirements or have other extenuating circumstances that make it impossible to pay the full travel registration fees.

By applying for the scholarship program, each player can be granted up to half of their club assessment fee to be worked off in the form of 15 volunteer hours worked throughout the course of the season (ie. Tournament support, concession sales, club fundraising events). All U7-U8 scholarship families must pay \$100 of the non-refundable deposit (\$250 total) at tryouts. All U9-U19 scholarship families must pay \$100 of the non-refundable deposit (\$300 total) at tryouts. The remaining tuition amount must be secured by a credit card and will be charged monthly in accordance to FC Pride's payment plans. Financial assistance is on a per seasonal year basis and does not include any uniform, travel, camp or clinic costs. If you are awarded financial assistance, you will be notified by a member of the FC Pride Board.

Grants of financial assistance are determined by the FC Pride Board of Directors and Scholarship Committee in its discretion based upon the resources available and the criteria set forth in this document. The request for assistance and information requested will remain strictly confidential and is used for the sole purpose of determining a parent's ability to assist with the funding of the player's participation in FC Pride Soccer Club. Failure to submit the required information could jeopardize our ability to provide the fullest consideration for financial assistance. Your cooperation is greatly appreciated.

Player Information:

Player Name #1: _____ Gender: _____ Age Group: _____

Player's School: _____ If private, does player receive assistance? _____

Player Name #2: _____ Gender: _____ Age Group: _____
Player's School: _____ If private, does player receive assistance? _____

Father's Name: _____

Mother's Name: _____

Player's Home Address: _____

Parent's or Guardian's Address, if different from Player's: _____

Father's Phone: (h) _____ (w) _____ (c) _____

Mother's Phone: (h) _____ (w) _____ (c) _____

Father's Email: _____ Place of Employment: _____

_____ Mother's Email: _____

_____ Place of Employment: _____

Number of Adult's in Player's Household: _____ Number of Children in Household Under 18: _____

Have you requested assistance before: _____

Are you currently receiving assistance: _____

If yes, have you served all service hours required for 2021-2022: _____



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Player's Name: _____

The following documents are acceptable as verification of needing financial assistance. Please indicate which one you are providing as part of your application by putting a check mark next to each item:

- _____ Current proof of eligibility for free or reduced lunch program
- _____ Current proof of eligibility for subsidized housing
- _____ Current proof of eligibility for food stamps
- _____ Current proof of eligibility for Medicare / Medicaid
- _____ Current proof of eligibility for unemployment
- _____ Current proof of single parent with limited to no child support

Do you qualify for any other public assistance program(s)? _____ If yes, please describe: _____

Please explain if there are extenuating circumstances the Committee should take under advisement:

If applying under extenuating circumstances, please provide a copy of your previous year's Federal Tax 1040 Form (pages 1-3) filed by all members in the household.

Please read and initial next to each paragraph, then sign and date below:

- _____ I certify all the information on this application is true and correct (all supporting documents are attached and all income is reported, if applying due to extenuating circumstances).
- _____ I understand that after review of my application, the Scholarship Committee may determine that I am responsible for a portion or possibly full payment of the 2022-2023 FC Pride club fees for travel soccer.
- _____ I understand I am requesting financial assistance from FC Pride that will waive some portion of the club fees. If I am approved I agree to support the club with 15 hours per scholarship of additional service hours.

Parent Signature

Date

Email all completed forms and supporting documentation to FC Pride, Scholarship Committee, board@fcpride.org and accounting@fcpride.org no later than June 12th for returning players and June 22nd for new players.