

## **SCHOLARSHIP APPLICATION FORM**

Player last name	: first name:			
	Birth date:/_	/	_ Gender: M F (circle one)	
Player's street address:				
	City:		Zip:	
	Name(s) of pare	Name(s) of parent(s) or guardian(s) at above address:		
Player & parent/guardia	n home phone: (_	)	other phone ()	
How many oth	er children in this f	amily, living i	n this household, are on ESC teams?	
Are you apply	ving for scholarship	os for any of t	hese other children? Yes No (circle one)	
(To apply for additional	I children in the far	mily, list each	child's name & birth date on an additional page.	
How many adults	s childre	en	are supported by your household income?	
I'm app	lying for ESC fee s	scholarship in	the amount of \$	
		Explana	tion	
"All sta	itements in this ap	plication are t	rue to the best of my knowledge."	
Signatu	re of applicant		Printed name	
	Todovlo de	oto. /	1	

## **INSTRUCTIONS**

This program exists to create opportunities for athletes to participate in the Earlham Soccer Club that might not be possible due to financial reasons. Please read and complete all information in this application to be sure you meet all the qualifications and supply all the necessary information.

The scholarship committee must receive your application **BEFORE** soccer registration ends for the current season.

Fill out the application as completely as possible.

Individual awards may vary per player. The amount of the award depends on need and number of family members requesting financial aid.

Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. are also taken into consideration. Be sure that you include an explanation of this in your written explanation if you have circumstances like these that should be considered.

The club treasurer and the Earlham Soccer Club Board Members will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.

You are responsible for paying any club expenses not covered by the scholarship.

Send your completed application to: Earlham Soccer Club, c/o Sue Klisaris, Registrar, 730 NE 4<sup>th</sup> Street, Earlham, IA 50072.

We try to offer some assistance to everyone who has need, but budget limits may not allow us to give 100% of the aid everyone feels they need. If you need more help meeting expenses, payment plans can be discussed.