

**2009/2010 WEST DES MOINES SOCCER CLUB
SCHOLARSHIP APPLICATION FORM
SELECT PROGRAM**

Deadline to apply June 19, 2009

Player last name: _____ First name: _____

Birth date: ____/____/____ Age Group _____ Gender: M F (circle one)

Player's street address: _____

City: _____ Zip: _____ E-mail address: _____

Name(s) of parent(s) or guardian(s) at above address: _____

Player & parent/guardian home phone: (____) _____ other phone (____) _____

How many other children in this family (household) are on West Des Moines Soccer teams? _____

Are you applying for scholarships for any of these children? Yes No (circle one)
(To apply for additional children in the family, list each child's name & birth date on an additional page.)

How many adults _____ children _____ are supported by your household income?

Check total gross income (before taxes, inc. child support) earned by all adults in your household last year:

under \$25,000	_____	\$45,001 - \$55,000	_____
\$25,001- \$35,000	_____	\$55,001 - \$75,000	_____
\$35,001- \$45,000	_____	> \$75,000	_____

Check assistance the player's family receives (check all that apply):

subsidized housing	_____	free school lunch	_____
food stamps	_____	reduced school lunch	_____
medical assistance	_____	other	_____

I'm applying for (check one option):

_____ Full scholarship
_____ Half/Partial scholarship
_____ Other \$ _____ Explanation _____

"All statements in this application are true to the best of my knowledge. I agree to donate work time above and beyond (up to 50 hours for a full time scholarship and up to 25 hours for a partial scholarship) that required of the entire membership back to WDMSC. By signing this application, I agree to donate the designated work time if I receive a scholarship. "

Signature of applicant

Printed name

Today's date: ____/____/____

Please read instructions on other side -

INSTRUCTIONS

This program exists to ensure no one is prevented from playing soccer in the West Des Moines Soccer Club for 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.

- Your application **MUST** be received by the scholarship committee with your signed acceptance to play on a competitive team.
- Fill out the application as completely as possible.
- **Attach a brief written explanation of why you are requesting a scholarship and why you feel you may qualify. Without this information, your application cannot be accepted. If you child has been a prior member of the Club, please indicate your involvement with the Club in the past and your ability and willingness to become an active volunteer in the future. Please give examples.**
- Awards will not exceed the budgeted amount determined by the Board of Directors each year. The amount of the award depends on need including but not limited to the following: family income, number of family members and number of players requesting financial aid.
- Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. area are also taken into consideration. Be sure that you include an explanation of this type of hardship in your request if you believe that you have extraordinary circumstances that should be considered.
- You **MUST** provide copies of your latest Federal income tax return as proof of income and family size.
- The Club treasurer, secretary and registrar (scholarship committee) will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.
- The scholarship covers select fees only. You are responsible for paying registration and any team expenses such as travel, coaches expenses and tournament expenses as well as uniform expenses. These items are not covered by this scholarship.
- Send your completed application to: West Des Moines Soccer Club, Scholarship Committee, P.O. Box 25010, West Des Moines, IA 50265, or fax it to 515-440-3403.

We try to offer assistance to everyone who has need, but budget limits may not allow us to give the aid requested in every circumstance. If you need more help meeting expenses, payment plans can be discussed.

Please attach the following as proof of financial need along with this completed application:

- copy of the most recent Federal tax return for all adults in the household
- proof of eligibility for school lunch program or other assistance
- financial aid application and award statement from private/parochial school
- statement of extraordinary circumstances that make it difficult to pay the Club fees

If you have questions, please call the Club office at 515-222-0079