



Foothills Soccer Club - Scholarship Assistance Application

Please complete and return (with supporting documentation if required) to: treasurer@foothillssoccer.org

Player Info

Last Name _____ First Name _____

Program Academy Recreational Boys Girls Birthdate _____

Address _____ City _____ State _____ Zip _____

Has this child played with FSC in the past? YES NO If yes, how many years? _____

Parents/Guardians Info

NAME(S)	RELATIONSHIP	PHONE/EMAIL

Supporting Information

Number of dependents in family _____ Ages _____

Annual Gross Family Income \$ _____ What % can family pay towards fees/uniforms? _____ %

Please describe the family situation and/or hardship that would support your application for assistance

Please provide a reference who is familiar with the situation described above

Name _____ Relationship _____ Phone/Email _____

Additional Supporting Documentation

Recreational Players: no additional documentation is required.

Academy Players: if you are seeking assistance at above 10% of total fees, please submit proof of hardship and/or income, such as recent tax return (page 1-2 only), proof of Free Lunch or Food Stamp program, or similar.

I certify that the preceding information is true and correct.

Signature _____ Print _____ Date _____

Please complete and return (with supporting documentation if required) to: treasurer@foothillssoccer.org