



Carlisle Soccer Club Inc. Scholarship Application

For club information, visit our web site at www.carlisesoccer.org.

Encouraging teamwork, sportsmanship and cooperation among our community's children.

Questions contact Joy LeClaire at 287-1915. Send your completed application to:
Carlisle Soccer Club, Scholarship Committee P.O. Box 254, Carlisle Iowa, 50047

This program exists to help ensure participants are not prevented from playing soccer in the Carlisle 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. 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. 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 may be asked to provide copies of your latest Federal and State income tax returns as proof of income and family size. The Club treasurer and registrar, as well as the scholarship committee will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.

Player last name: _____ First name: _____

Player's street address: _____

City: _____ Zip: _____

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, living in this household, are on Carlisle Soccer Club teams? _____

Are you applying for scholarships for any of these children? Yes ___ No ___
(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 ___ \$25,001-35,000 ___ \$35,001-45,000 ___ \$45,001-\$50,000 ___ over \$50,000 ___

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:
___ full registrations scholarship ___ half registration scholarship ___ uniform scholarship
___ payment plan \$ _____ per month

All statements in this application are true to the best of my knowledge.

Signature of applicant Date Printed name