

BAY UNITED SOCCER CLUB

Scholarship Application for Fall

Bay United Soccer Club is a non-profit organization that seeks to promote youth soccer in Northwest Florida. BUSC understands the financial commitment that is required to participate in select soccer. In order to assist players who need assistance with finances, a scholarship fund has been created. A limited number of scholarships are available and are awarded based on a scoring guide that assesses the players' financial need. Scholarships applicants must have been offered a player spot on a competitive BUSC team to be eligible.

Please complete the following application and submit it along with all requested data to the Scholarship Review Committee on or before July 1. Applicants will receive a response before July 15 with the status of their scholarship application. All requested data should be submitted with this form or your application could be rejected for lack of information. Forms can be submitted to any BUSC Executive Board Member. All scholarship applications and data are kept confidential.

____ **Submit attached Scholarship Application Form**

____ **Submit proof of income in one of the following forms:**

Tax return from previous year,

Pay stub from all guardians/adults who provide for applicant

____ **Submit any proof of financial need (Possible Examples listed below)**

Low incoming housing residency

Florida Kid Care insurance

Free or Reduced School Lunch

Disability or Unemployment eligibility

Other equivalent proof will be accepted

If not eligible for any of these or other programs, decisions will be based on proof of income

____ **Submit a short written statement of financial hardship**

This statement should be a maximum of 1 page detailing why you need the scholarship (example—unemployed, disabled, full-time student, etc.)

You may include any information that you would like for the committee to know about the player or family who is applying for the scholarship.

A limited number of scholarships are available and will be awarded based on a scoring system derived from the data listed above. Applicants must reapply for scholarships each season as needed.

The parents or guardians of scholarship recipients will be required to volunteer at all local BUSC events as needed—including but not limited to Endless Summer Soccer Tournament, Halloween Kick-or-Treat, Cinco de Mayo, and Fun Day—for the season during which the scholarship is awarded. Please plan to be available during the entire activity.

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Scholarship Application

(Submit by July 1 to a BUSC Executive Board Member)

Player's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Address: _____

Phone Number(s): _____

Email Address: _____

BUSC Team: _____

1. How much can you afford to pay monthly? _____

2. What is your monthly household income? _____

Have you previously received a BUSC scholarship? Please circle answer: Yes No

If so, how many times have you received this scholarship in the past? _____

I verify that the information that I have submitted with this application to the BUSC Scholarship Committee is accurate.

I understand that a limited number of scholarships are available based on funding resources, and only a limited number of scholarships will be awarded.

I understand that scholarships will be granted based on financial need.

I acknowledge that if granted a scholarship, I will be required to volunteer at all local BUSC events as needed during the season in which the scholarship is received. These events include, but are not limited to Endless Summer Soccer Tournament, Halloween Kick-or-Treat, Cinco De Mayo, Fun Day, etc.

I understand that I will have to reapply each season for a scholarship in order to be considered.

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

Please complete this scholarship application and submit it along with all required documentation.