

Soaring Capital Soccer Club Scholarship Application

Soaring Capital Soccer Club

P.O. Box 390

Elmira, NY 14902



Player : _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Street: _____

City, State : _____ Zip Code: _____

Email Address: _____

It is the mission of the Soaring Capital Soccer Club to provide financial assistance for players in need. An application for scholarship assistance is a certification that the above player will not be able to participate in the program without scholarship assistance due to severe family financial situations. All applications will be reviewed in strict confidence by a panel of three board members consisting of the Club President, Vice President, and Registrar. Applicants will be notified in a timely manner of the panel's decision. Please scan and submit the completed application to our Registrar (soaringcapitalsoccerregistrar@gmail.com) or to our general email address (soaringcapitalsoccer@gmail.com) with the subject "Scholarship". In return for the scholarship, we request volunteer service, generally in one of the following areas:

Field Maintenance _____ Fundraising _____

Scholarships are normally for 50% of the Spring League Fee (currently \$175 U7/U8, \$240 for U9-U11, \$300 for U12-U18) or the Uniform Fee, but in truly exceptional circumstances, scholarships may be considered for up to 100% of the costs.

*** ON THE BACK OF THIS FORM, PLEASE LIST THE REASONS YOU ARE REQUESTING A SCHOLARSHIP**

(relevant information should include annual household income, # of dependents in the house, any medical or financial issues that are adversely affecting the household finances, etc.)

Signature of the Parent/Guardian: _____

Approvals:

Signature of SCSC President: _____

Signature of Vice President: _____

Signature of Registrar: _____