

HIGH COUNTRY SOCCER ASSOCIATION

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SCHOLARSHIP APPLICATION – 2020/21

It is the mission of HCSA to provide soccer opportunities to all youth, regardless of the ability to pay to the extent scholarship funding is available. Scholarship Applications will be reviewed by a Scholarship Committee and held in confidence. **REQUIRED: Submission of a Scholarship Application must be accompanied by the requesting family's previous year tax return and/or proof of a school lunch voucher and any other information sequentially requested by the scholarship committee.**

PLAYER INFORMATION

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

AGE

PROGRAM (Circle One)

____ Travel Team Academy Other: _____

____ Travel Team Academy Other: _____

____ Travel Team Academy Other: _____

____ Travel Team Academy Other: _____

PARENT INFORMATION

Father Name _____

Address _____

City, St, Zip _____

Phone _____

Email _____

Marital Status (Circle one)

Married Single Separated Divorced

Mother Name _____

Address _____

City, St, Zip _____

Phone _____

Email _____

FINANCIAL INFORMATION

Annual Family Gross Income from ALL sources is \$ _____

Father's Occupation _____

Mother's Occupation _____

Number of Dependents this income supports: _____

Employer _____

Employer _____

QUESTIONNAIRE

1. What other information or circumstances should be considered by our Scholarship Committee?

2. In what ways could your family support the club, other than financially, if scholarship is awarded?

I certify all information submitted is true to the best of my knowledge. I understand this application does not guarantee scholarship.

Signature

____/____/____
Date

