



Fredericksburg Football Club is constantly seeking to give every player the opportunity to be successful. For this reason we are pleased to offer Financial Assistance to those who qualify. The Club has a limited amount of funds available for Financial Assistance. The number of players receiving aid and the amount of assistance is determined on a case by case basis.

In order to be considered for financial assistance applicants must complete the application. Incomplete applications will not be considered.

In order to be considered for a scholarship, applicants must complete **ALL** the information. To apply for a scholarship please follow these steps.

1. Complete the enclosed information with **accurate** and **most recent information**.
2. Provide the following personal financial documents that reflects your current income:
  - **Last two pay stubs of all adults listed on application**
3. Secure all information with this application and submit it by mail or email to the Financial Director at:

503 Westwood Office Park, Fredericksburg, VA 22401

or

[financialdirector@fredericksburgfc.org](mailto:financialdirector@fredericksburgfc.org)

4. Any other situations that might be taken into account, for example, loss of employment or medical bills, please outline them in a letter giving a brief explanation including cost of expenses.

***Please know that all financial information received will be kept strictly confidential.***

**Notes:**

- **Your application will NOT be considered if there is incomplete or incorrect information.**
- **Financial need will be the only determinant in receiving a scholarship. Scholarships are awarded based upon demonstrated need. Families will be responsible for any expenses not covered by the scholarship (uniforms, club, coaching or team expenses).**
- **The player must accept the offered position in the club software before the scholarship gift is applied to the account.**



**FREDERICKSBURG FOOTBALL CLUB  
APPLICATION FORM**

Player's name: \_\_\_\_\_  
GENDER (M/F): \_\_\_\_\_ Current Team: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/ Guardian name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list siblings and/or all additional household members

Name	DOB	Relationship to player	FFC player(yes/no)

Any special comments that should be taken into account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information given is accurate and to the best of my knowledge. I understand that the player and family may be required to volunteer service hours for FFC. I understand that if I am not current with my payments the scholarship will be revoked.

Printed name Parent/Guardian

\_\_\_\_\_

Signature Parent/Guardian

Date

\_\_\_\_\_



**FREDERICKSBURG FOOTBALL CLUB  
INCOME VERIFICATION FORM**

Mother's Name: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of persons living in house hold: \_\_\_\_\_ Children: \_\_\_\_\_

Adults: \_\_\_\_\_

Number of children playing for Fredericksburg FC: \_\_\_\_\_

How long have they been part of Fredericksburg FC: \_\_\_\_\_

Total Household Net Income (after taxes) – please circle one

\$15,000. or below                  \$15,001. - \$25,000.                  \$25,001. - \$35,000.                  \$35,000. - \$45,000.

\$45,001. - \$55,000.                  \$55,001. - \$65,000.                  \$65,001. - \$75,000.                  Above \$75,001.

Please include a copy of the following forms along with your application:

- Current (2017) U.S. Federal Tax Return – page 1 and 2
- Proof of eligibility for Free Lunch Program or Food Stamps (if applicable)

In your own words please state below your reasons for requesting this scholarship and how much you feel you can contribute towards your child's soccer program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all information given is accurate and to the best of my knowledge. I understand that the player and family may be required to volunteer service hours for FFC. I understand that if I am not current with my payments the scholarship will be revoked.

Signature Parent/Guardian

Date

\_\_\_\_\_