



## Quincy Recycle Scholarship Program Application Form

Player's Last Name: \_\_\_\_\_

Player's First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: M F (Circle)

Player's Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Name(s) of parent(s) or guardian(s) at above address:

\_\_\_\_\_

\_\_\_\_\_

Player's Phone Number: \_\_\_\_\_

How many other children in this family, living in this household, are on QUSC Soccer Team? \_\_\_\_\_

Are you applying for scholarship for any of these other children? \_\_\_\_\_

How many adults \_\_\_\_\_ and children \_\_\_\_\_ are supported by your household income?

Check total gross income (before taxes, include child support or other forms of income)  
earned by all adults in your household last year:

Under \$25,000 \_\_\_\_\_

\$35,001-\$45,000 \_\_\_\_\_

Over \$60,000 \_\_\_\_\_

\$25,001-\$35,000 \_\_\_\_\_

\$45,001-\$55,000 \_\_\_\_\_

Check assistance the player's family receives (check all that apply)

Subsidized Housing \_\_\_\_\_

Free or Reduced School Lunches \_\_\_\_\_

Other \_\_\_\_\_

Medical Assistance \_\_\_\_\_

Food Stamps \_\_\_\_\_

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Instructions

This program exists to create opportunities for athletes to participate in Quincy United Soccer that might not be possible due to financial reasons. Please read and complete all the information in this application to be sure you meet all the qualifications and supply all the necessary information.

- \*The scholarship committee **MUST** receive your application by **July 15th, 2018**
- \* 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.
- \* Quincy Recycle is offering a limited amount of scholarship to those that demonstrate a need until the allotted monies has been distributed
- \* Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. are taken into consideration. Be sure that you include an explanation of this in your written explanation if you have circumstances like these that should be considered.
- \* You are asked to provide copy of your latest Federal tax return to proof of income and family size. (Only 1st page)
- \* Only the scholarship committee and club treasurer will be informed of any scholarship that is awarded. Your privacy will be carefully protected.
- \* You are responsible for paying any remaining fees or balances that is not covered with the scholarship.
- \* Scholarships can be revoked because of lack of participation in trainings, games, or other team related events.

Send your completed application to: QUSC, PO Box 384, Quincy IL 62306

We would love to offer more scholarships but we are limited based on our current budget. As funding or sponsorship grows, we hope to increase the number of scholarship through the years. If you need more assistance meeting expenses, please contact QUSC board members at [officers@quincyunitedsoccer.org](mailto:officers@quincyunitedsoccer.org) to discuss smaller payment plan or other options.