

JOHNSTON UNITED SOCCER ASSOCIATION

SCHOLARSHIP GUIDELINES & APPLICATION

Mail completed application to:
Scholarship Application Committee
PO Box 843
Clayton, NC 27528
www.jusasoccer.org

Questions regarding the Scholarship program or application should be directed to: staff@jusasoccer.org.

APPLICATION GUIDELINES

The purpose of the Stewart McLeod Youth Soccer Scholarship program is to provide underprivileged or needs-based youth the opportunity to train, develop and play youth soccer in our community. It is intended to serve as a financial assistance program for those applicants and families requiring temporary or permanent assistance. Scholarships will be available for both spring and fall Seasons. The length and amount of the scholarship shall be established by the Scholarship Committee. Unless otherwise notified by the committee, scholarship recipients shall submit a new application for each season of play.

The Scholarship Committee reserves the right to reassess an applicant's scholarship at its discretion and to address any changes in eligibility or conditions in an applicant's or their family's status which may result in the termination or modification of the applicant's scholarship.

AWARDS

The Stewart McLeod Youth Soccer Scholarship Committee may award scholarships to cover the recipient's expenses in the following:

- JUSA Registration Fee
- Player dues – monthly payments to JUSA to cover player expenses, including coaching stipends.

JUSA believes that in order for the recipient to maintain an appropriate level of focus and commitment to soccer, JUSA and the recipient's team that the recipient and their family shall maintain and provide some level of financial involvement and commitment. For that reason, JUSA will not grant a 100% scholarship to any individual for any season of play. Any scholarship in the amount of \$100 or more will require some level of volunteerism by the caregiver or child to give back to the Johnston United Soccer Association.

THE APPLICATION PROCESS

To be considered, candidates must submit a completed JUSA application form (copies are acceptable), along with ALL required information. In some cases, financial documentation may be requested. Completed applications **MUST BE received no later than June 30 for Challenge and Classic play, applications for recreation play are due prior to the registration deadline for the given season.** :

ELIGIBILITY

To be eligible, candidates must:

- demonstrate a financial need for assistance
- commit to making 75% of all practices and games for the season

SELECTION PROCESS

To protect applicants privacy, the Scholarship Coordinator will review all applications and rate them according to the board approved scoring system. The Coordinator will determine scholarship eligibility and amount of scholarship based on the total scholarship allotments for the season.

NOTIFICATION PROCEDURE

After review of all applications by the Scholarship Coordinator, JUSA administrative staff will be notified. Applicants will be notified of their award by the JUSA administrator, who will work with families to set up payments for the remaining balance.



STEWART MCLEOD YOUTH SCHOLARSHIP APPLICATION

ALL INFORMATION HEREIN WILL REMAIN CONFIDENTIAL

Player Information			
Name:		Phone:	
Last	First	M.I.	
Address:			
Street	City	State	Zip Code
Date of Birth: (MM/DD/YY)	JUSA Team:		
	JUSA Coach:		
	JUSA Manager:		
Sex ___ Male ___ Female	How many seasons has child played with JUSA? <i>(Each year has 2 seasons, spring and fall)</i>		
Current School:	Current Grade:	Current GPA:	
Parent(s) Information			
Father's name:		Occupation:	
Address:			
Employer:		Phone: ()	
E-Mail Address:		Cell Phone: ()	
Mother's name:		Occupation:	
Address:			
Employer:		Phone: ()	
E-Mail Address:		Cell Phone: ()	
Additional Application Details			
How many children does your family currently have participating in JUSA? _____			
Does this child participate in other recreational or travel sports leagues outside of JUSA? ___ Yes ___ No If yes, which ones? _____			
Do you have other children participating in other extracurricular sports/programs? ___ Yes ___ No If yes, please describe. _____			
Has this child ever received Stewart McLeod Scholarship in the past? ___ Yes ___ No If yes, was a volunteer commitment made? ___ Yes ___ No What date was volunteer activity completed? _____ Approximately how many hours were completed? _____ What volunteer activity was completed? _____ _____			

Income Verification

Family Gross Income

Type of Income: (Must list all sources of income.)	Gross Monthly Amount
Total Countable Monthly Income:	

*To maintain the integrity of the Scholarship Program, verification of income is required.
Self-Employed individuals must submit most recent business and individual tax returns.
This information will remain strictly confidential.*

Who is living in the home

Name	Relation to Applicant	Age
Family Size:		

What economic hardship is your family experiencing that may prevent your child from participating in Soccer?

What portion or amount of the estimated costs can you contribute? _____

What volunteer services are you willing to participate in to support JUSA?

Acknowledgement

By signing below, I certify that the information in this application is accurate, complete and up to date, to the best of my knowledge. I understand that providing false or misleading information may result in the applicant being required to repay scholarship funds including any legal fees and back interest. Additionally, the player may lose playing privileges.

Applicant Name (Please Print)

Applicant Signature

Date