



# FC Legacy

## SCHOLARSHIP APPLICATION 2018/2019

We are a not-for-profit organization and depend on participant fees to maintain our service. Therefore, we expect participants to pay a portion of fees based on their financial ability. Scholarship amounts are limited and may be applied toward Club Membership Fees only. All financial information required by this application and provided by the applicant will be held in strict confidence.

|             |  |  |           |
|-------------|--|--|-----------|
| Date        |  |  |           |
| Parent Name |  |  |           |
| Player Name |  |  |           |
|             | School Attending:                          |  | Grade:    |
|             | Program - Please circle one: Little Legacy |  | U7 and Up |
| Player Name |  |  |           |
|             | School Attending:                          |  | Grade:    |
|             | Program - Please circle one: Little Legacy |  | U7 and Up |
| Player Name |  |  |           |
|             | School Attending:                          |  | Grade:    |
|             | Program - Please circle one: Little Legacy |  | U7 and Up |
| Address     |  |  |           |
| Phone #     |  |  |           |
| Email       |  |  |           |

Information needed: Parent/Guardian must provide a letter from the player’s school indicating that the student attends and qualifies for either FREE or REDUCED meals. The school document must be attached with the application.

Little Legacy - FREE meal recipients will pay \$50.00 toward Club Membership. REDUCED meal recipients will pay \$75.00 toward Club Membership.

U7 and up

- FREE meal recipients will pay \$75.00 toward Club Membership-Recreational Fees or \$205 toward Club Membership-Titanium fees.

. REDUCED meal recipients will pay \$100.00 toward Club Membership-Recreational Fees or \$230 toward Club Membership-Titanium fees.

(additional information on back)

If you do not qualify for Free or Reduced school meals, but would still like to be considered for a scholarship, please indicate why in the space below. Please include the amount you feel you are able to pay.

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Upon completion of this application, please submit it along with any required documentation to Kim Zimmerman, kimzimmerman.fclegacy@gmail.com. Once we receive the application we will evaluate it and respond to your request within 7-10 days. If you have any questions or concerns, please do not hesitate to ask. Thank you!