



South Orlando Soccer Club Scholarship Application

Please complete the scholarship application as well as write a brief description (at least a paragraph) of why you need this scholarship opportunity. To aid us in the decision making process please provide the documents requested below. Items 1 & 2 are required, 3 and 4 are suggested.

1. Recent pay stub.
2. Page 1 & 2 of most recent income tax return
3. Proof of free or reduced lunch paperwork/ acceptance.
4. Any other documentation that might help us understand your need.

Scans or photocopies please, original documents are not necessary.

Scholarships will be provided on a case by case situation as determined by the South Orlando Soccer Club Scholarship Committee. All information supplied to this group will be confidential. It is important to provide your supporting documentation with the application as you will **not** have an opportunity to supply it later. All scholarship applications must be received within 10 days of registering your child for soccer. You will then be notified if your application was successful as well as the financial award within 30 days. Please discuss at registration your payment and scholarship plans to ensure the club is fully aware of pending applications and initial financial commitments. All applications will be held in the strictest confidence. Only the scholarship committee will review the application and no information will be provided to anyone other than the committee.

Please send the completed application and all supporting documentation to:

**South Orlando Soccer Club
4409 Hoffner Ave. #122
Orlando, FL 32812
FAX: 321-282-7651
treasurer@southorlandosoccer.com**

Scholarship Application Form

Player Name: _____ Birth Date: _____

Why do you want to play soccer for the South Orlando Soccer Club?

Program (Circle One): Recreational Competitive DBT

Mother's/Guardian's Name _____

Occupation: _____

Father's/Guardian's Name _____

Occupation: _____

Home Address _____

Street City Zip

Home Phone # () _____ Alternate Phone # () _____

Email Address: _____

Family Size _____

How many children will be playing recreational or competitive soccer this year? _____

What can you afford to provide towards soccer tuition: _____

Please explain in a paragraph your need for financial aid or any other relevant circumstances: (you may write or type and attach to application)

PLEASE NOTE: No full financial aid scholarships will be awarded. All competitive players must pay \$100 plus the uniform fee in order to be eligible for a financial aid scholarship. The uniform fee will be paid unless determined on an individual basis and separate arrangements are made by the scholarship committee. A recreation player will pay a minimum requirement of \$100. A DBT player will pay a minimum of 50% of the current seasonal fee. All scholarships are for one seasonal year June 1- May 31.

Requests received for financial aid scholarships received 14 days after registration will be considered on a case by case basis. By signing this application for a financial aid scholarship, you are acknowledging that the application is being submitted for evaluation and consideration by the Club's Scholarship Committee and **IN NO WAY GUARANTEES AN AWARD OF SUCH ASSISTANCE. Successful scholarship applicants will be required to provide volunteer service hours at the club's events in addition to the required volunteer services as outlined in the parent contract.**

We (I) certify that to the best of my knowledge the above information is true and accurate

PARENT'S NAME (printed) _____

PARENT SIGNATURE: _____

DATE: _____

NOTE: Please make sure all copies of supporting documents are attached. Application will not be considered without supporting documents!

DO NOT WRITE IN THIS SPACE BELOW - FOR SOSC BOARD USE ONLY

Request Approved _____

Request Denied _____

Amount Requested \$ _____

Amount Approved \$ _____

_____ SOSC Financial Aid

Administrator Date