

MICHIANA ECHO SCHOLARSHIP APPLICATION 2018-2019

Michiana Echo Soccer Club can provide assistance to some players who have the skill and desire to play travel soccer, but have financial obstacles in their way. We are a non-profit organization with limited funding available, which limits our ability to help everyone. The number and amount of scholarships will vary depending on the number of requests received and the amount of scholarship funds available. All scholarship applications are reviewed by a scholarship committee, which determines eligibility and the scholarship amount. All families are expected to pay the registration deposit and any remaining funds not covered under scholarship will be spread out over course of entire seasonal year. Scholarships do not cover uniforms, travel or individual team fees. Failure to submit the required information could jeopardize our ability to provide the fullest consideration for financial assistance.

Player Information:

Player Name #1: _____ Gender: _____ Age Group: _____

Player Name #2: _____ Gender: _____ Age Group: _____

Player Name #3: _____ Gender: _____ Age Group: _____

Player's School: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Parent's or Guardian's Address, if different from Player's: _____

Father's Phone: (h) _____ (w) _____ (c) _____

Mother's Phone: (h) _____ (w) _____ (c) _____

Father's Email: _____ Place of Employment: _____

Mother's Email: _____ Place of Employment: _____

Number of Adult's in Player's Household: _____ Number of Children in Household Under 18: _____

Have you requested assistance before: _____ Are you currently receiving assistance: _____

Seasons played for Echo? (Fall and Spring are separate seasons) _____

Are you requesting a partial scholarship or extended payment options? _____

If you are requesting a scholarship, how much are you able to pay towards each player's fees INCLUDING the deposit you have already made?

Player #1 _____ Player #2 _____ Player #3 _____

- Do you qualify for any gov't assistance (Medicaid, SNAP, WIC, etc.)? _____ Yes _____ No
- Does your child qualify for free or reduced lunch at school? _____ Yes _____ No

Please give a brief explanation of why your family requested this scholarship?

Please explain if there are extenuating circumstances the Committee should take under advisement:

What extra volunteer work have you done in the past for Michiana Echo:

What Volunteer work are you willing to do this upcoming season? (please circle at least one)

Coach Manager Team Mom Team Dad Field Maintenance Board Committee

Other: _____

I certify all the information on this application is true and correct

Parent/Guardian Signature _____ Date _____

Printed _____

Please email your completed application to info@michianaecho.com.

Echo reserves the right to request additional financial information such as W-2's and tax returns to verify need and eligibility.

FOR SCHOLARSHIP COMMITTEE USE ONLY

Date Received: _____

Player's Team assignment: _____

Total Fees: \$ _____

Amount awarded \$ _____

Payment Plan: _____

Method of Payment: _____

Notes : _____
