

Ascension Flight Soccer Club

Registration Scholarship Application

**All information contained within this application shall be confidential and shall be used for the sole purpose of determining eligibility for scholarship opportunities

Deadline for Applications: October 1st, 2020

Date: _____

Players Name: _____

Last

First

Middle

Birth Date: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

With whom does the applicant live: _____

Applicant's (Parent/Guardian) Name: _____

Cell or Work Phone: _____

Email Address (Req'd): _____

Occupation: _____

(Verification may be required)

I am applying for Financial Assistance for the following: (Check all that apply)

Competitive Recreation (season) Little Kickers Pre-Academy Academy

Annual Family Income: (Include gross wages + public assistance + child support/alimony + social security + disability + other income): \$ _____ (AFSC reserves the right to verify recent tax documents)

Number of family members in home: (include parents and children): _____

Family's Contribution to Fees: \$ _____

*****Incomplete applications will not be considered valid
Program applies to Low Income Families ONLY**

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Please explain the circumstance(s) that contribute toward your need:

*Registration scholarships are granted on an annual basis. Registration scholarships will be granted prior to the start of the season. The scholarship funds are based on needs and desire.

The AFSC Board of Directors reserves the right to request any additional information relating to this application including but not limited to prior year's tax returns, W2's, and any other documents that assist with the assessment of financial need.

**** (Documents to include with application: Most recent Bank Statements (Two (2) months) , Four (4) recent pay stubs (No exceptions)**

I certify that all materials and / or documents supplied and statements made in connection with this application are true to the best of my knowledge.

Parent/Guardian Signature: _____

Date of signing: _____

Please send completed applications to:

**Ascension Flight Soccer Club
P.O. Box 2046
Gonzales, LA 70707**

AFSC Use Only:

Date Received: _____

Scholarship Granted _____ **Yes** _____ **NO**

Scholarship Amount: _____

Date of Letter to Applicant: _____

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