



Scholarship Application

Date: _____

Player Name: _____

Player Age Group: _____ Number of children playing for SWM: _____

Parents Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____

Parent Email Address: _____

Proof of income eligibility is required.

The following documents are suggested as proper documentation:

- Income tax returns from the most current year.
- 2 of the most recent check stubs for all household income earners.
- Documentation from IRS/IDR waiving filing of tax return
- Printout of wage inquiry for 1 full year from Workforce Development
- Documentation of assistance eligibility from Free and Reduced Lunch Program
- Documentation of assistance eligibility from TANF and/or food stamp office

Briefly describe why financial assistance is being requested at this time:

The standard maximum scholarship award is 50% of all player fees. Uniform is not included.

All information contained in the Scholarship Application will be kept confidential but some information may be provided to the manager of the player's team to ensure that the Scholarship program is implemented to the best benefit of the player.

After scholarships are awarded, any remaining balance of player registration fees is to be paid in full two months prior to last game. Payment plans for players registration fees may be arranged with the appropriate club representative. Failure to pay registration fees in full by the dates indicated may result in the player being ineligible to participate in practices/games and their player card being pulled until outstanding fees are paid.

All scholarship requests must be approved by the SWM board. The board of SWM Soccer Club will review all Scholarship Applications. The parent will receive written notification of the Board's decision whether or not the scholarship is awarded.

I certify that all of the above information is true & correct, and that actual adjusted gross income from my most recent federal income tax return has been reported. I give permission to Club Officials to verify, as necessary, any information contained on or provided with this application. Deliberate misrepresentation, inaccuracies, and/or incomplete information provided on this application will be cause for expulsion from the Club and full and immediate payment of all fees will be required.

Parent/Guardian Signature: _____

Date: _____

SWM Select Soccer

P.O. Box 494

Stevensville, MI 49127