**North Whidbey Soccer Club (NWSC)**



Post Office Box 2896, Oak Harbor, WA 98277

<http://wys-nwsc.affinitysoccer.com>

northwhidbeysoccerclub@gmail.com

**Select Soccer Scholarship Application**

**Application Deadlines: May 27th**

NWSC has a limited number of scholarships available for children whose parents/guardians have difficulty paying for the program fees. In order for us to determine eligibility and preserve fairness, we need to ask you for some confidential information. We assure you that all information you provide will be held in strictest confidence.

**PLEASE READ THE DIRECTIONS CAREFULLY, ANSWER ALL QUESTIONS, AND PROVIDE ALL REQUESTED INFORMATION WITH YOUR APPLICATION**in order to be considered for an NWSC Scholarship. Incomplete applications may not be considered.

Player’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Age Group & Coach)

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of People in Household: \_\_\_\_\_\_\_\_\_\_\_

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount You Are Able to Pay: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requesting for Scholarship: $\_\_\_\_\_\_\_\_\_\_\_

***Note: Tangibles (i.e. Uniforms & Warm Up) and Coach Stipends will be your financial responsibility and will not be granted in a scholarship request.***

Names of siblings playing with NWSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELIGIBILITY:**

* Applicant’s family must show financial need. See below.
* Applicant must be current with all team and club fees.
* Applicant agrees to the volunteer requirement that accompanies a scholarship award.

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| **2017-2018 FAMILY INCOME**  **FINANCIAL NEED:**  This schedule is based on the current National Reduced Fee Lunch program and reflects household income that qualifies for low-income status. | | | |
| Household Size | Yearly | Monthly | Weekly |
| 1 | $ 22311 | $ 1860 | $ 430 |
| 2 | $ 30044 | $ 2504 | $ 578 |
| 3 | $ 37777 | $ 3149 | $ 727 |
| 4 | $ 45510 | $ 3793 | $ 876 |
| 5 | $ 53243 | $ 4437 | $ 1024 |
| 6 | $ 60976 | $ 5082 | $ 1173 |
| 7 | $ 68709 | $ 5726 | $ 1322 |
| 8 | $ 76442 | $ 6371 | $ 1471 |

**DETERMINING HOUSEHOLD INCOME REPORTABLE INCOME:**

Income is any money received on a recurring basis, including gross earned income, unless specifically excluded by statute. Gross earned income means all money earned before such deductions as income taxes, employee’s social security taxes, insurance premiums, and bonds.

Income includes but is not limited to:

* Earnings from work (including Wages, salaries, tips, commissions)
* Net income from self-owned business and farms;
* Strike benefits, unemployment compensation, and worker’s compensation
* Welfare/child support/alimony
* Public assistance payments/welfare benefits (e.g., TANF, General Assistance, General Relief);
* Alimony or child support payments

To verify family income, attach proof to this application—last year’s tax return (with SSN blacked out), a pay stub (with pay period indicated), and/or other documentation that proves your annual, monthly, or weekly income. This documentation will be held in the strictest confidence and will be destroyed or returned. Applicant may also include a separate letter of explanation regarding your family’s financial situation or a financial hardship that you feel should be considered.

**CLUB AND TEAM FEES:**

No applicant will be considered for a scholarship if he/she has an outstanding balance in any NWSC program. Until their scholarship has been approved, players must make regular team fees payments as required by their team. Once a player has been approved for a scholarship, NWSC will inform the recipient of the total amount awarded. Recipients are responsible for meeting their financial obligations following the outlined payment scheduled.

**VOLUNTEER REQUIREMENT:**

**Approval of this scholarship requires a signed contract in which the recipient agrees to commit 1 hour of volunteer time per $25 of scholarship monies received**. Volunteer time must be signed off by the Volunteer Coordinator and may be fulfilled by any family member. Select Soccer volunteer time must be paid to the club, not the team. **Volunteer hours must be completed by October 31 to preserve player scholarship and play eligibility**. Scholarship monies will be released to the team following confirmation of completed volunteer hours.

Please indicate areas where you can provide some much-needed support for your club:

\_\_\_\_\_ Age Group Liaison \_\_\_\_\_ Asst Coach \_\_\_\_\_ Coach Mentoring

\_\_\_\_\_ Advertising/Public Relations \_\_\_\_\_ Opening Day \_\_\_\_\_ Picture Day

\_\_\_\_\_ Fields/Gear \_\_\_\_\_ Field Marshall \_\_\_\_\_ Special Events

*We understand that North Whidbey Soccer Club cannot approve all scholarship applications and that applying for a scholarship does not guarantee an award. We understand that in accepting scholarship funds, we agree to be bound by all of the details set forth in this application. The information we have provided is true and correct and we will notify the club of any change in current income.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this scholarship application and the required documentation by May 27th to:**

North Whidbey Soccer Club

Attn: Scholarship Committee

P.O. Box 2896

Oak Harbor, WA 98277

Or email to: [northwhidbeysoccerclub@gmail.com](mailto:northwhidbeysoccerclub@gmail.com)

**Late applications will not be accepted.**

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| **Office Use Only** | | | | | | | | | | |
| **NWSC Board Approval? Yes:** | |  | **No:** |  | **Partial:** |  | **Scholarship Amount:** | | | $ |
| **Authorized Signature:** |  | | | | | | | **Date:** |  | |