**LARAMIE SOCCER CLUB**

**SCHOLARSHIP APPLICATION FORM**

All applications will be taken into consideration based on: availability of money for scholarships; number of applications received for current season; financial needs of applicant; number of children in the family playing LSC soccer. This application does not guarantee a scholarship; applicants will be notified of status in a timely manner.

Laramie Soccer Club will keep all information provided below CONFIDENTIAL.

*Please complete* ***one application for each family.***

Father Name:

Address:

Phone:

Email:

Occupation:

Mother Name:

Address:

Phone:

Email:

Occupation:

**Scholarship Requests:**

Child Name:

Child Birthdate:            Gender: [ ] Male / [ ] Female

Has child played LSC soccer in the past? [ ] **NO** **[ ] YES** Year of participation:

If yes, name of prior coach:

Program for which scholarship is being requested:

Child Name:

Child Birthdate:            Gender: [ ] Male / [ ] Female

Has child played LSC soccer in the past? [ ] **NO** **[ ] YES** Year of participation:

If yes, name of prior coach:

Program for which scholarship is being requested:

Child Name:

Child Birthdate: [ ]       Gender: [ ] Male / [ ] Female

Has child played LSC soccer in the past? [ ] **NO** **[ ] YES** Year of participation:

If yes, name of prior coach:

Program for which scholarship is being requested:

Total amount due for programs with no scholarship assistance: $

Please explain the circumstances that prevent the family from paying for the player(s) club fees. If you need more space, please attach additional sheets.

Have you received scholarship assistance in the past? [ ] NO [ ] YES

If yes, for which children and programs, include the dollar value of the scholarship:

Number of immediate family members living in household:

Please make a good-faith declaration of your annual income and ability to pay the LSC fees:

This section is mandatory. An incomplete application will not be reviewed.

Father’s/Guardian’s Annual Income: $

Income for prior 90-day period: $

Mother’s/Guardian’s Annual Income: $

Income for prior 90-day period: $

Amount FAMILY could contribute $            [ ] Total or [ ] Monthly

For current LSC League and/or Program fees, please request the cost sheet from the Director of Coaching, (doc@laramiesoccer.org).

I confirm that the above information is accurate and correct. I understand that the LSC scholarship committee determines availability of scholarship funds. Applications should be sent to:

LSC, 725 Skyline Road, Laramie, WY, 82070 or email: admin@laramiesoccer.org

The committee will make a determination and notify you of their decision. Financial information on the application form will not be shared with anyone other than scholarship committee.

Father/Guardian Signature            Date

Mother/Guardian Signature            Date

**Internal Use Only:**

Recommended scholarship amount for this family is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due from family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notified of Status via: (Emailed) (Called) (In-Person)

Response of Recipient: (Awaiting Response) (Accepted) (Rejected)

Date of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notifying LSC Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_