



# Application for Financial Scholarship

*(Information on the application will be treated with strict confidentiality)*

## PERSONAL INFORMATION

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Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer/Title: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer/Title: \_\_\_\_\_

Family Size (Parents plus Children): \_\_\_\_\_ Family Racial Background (Optional): \_\_\_\_\_

## FINANCIAL INFORMATION

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What is family's gross adjusted income (from most recent tax return): \_\_\_\_\_

Do you qualify for or are you currently receiving reduced or free lunch? \_\_\_\_\_

(Please attach a copy of the verification letter you received from the school district)

## NARRATIVE INFORMATION

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Parent: If above information does not accurately portray your circumstances for requesting financial assistance please explain briefly on a separate sheet of paper.

Player: Please write a short essay on a separate sheet of paper discussing what soccer means to you and demonstrating your commitment to soccer.

We certify all the information contained in this application is true and accurately reflects our family's financial situation. If our application is approved for scholarship funds we agree to complete a survey at the end of the season. We understand that if we fail to complete the survey we will not be eligible to apply for scholarship assistance the following year.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please submit completed application by **October 15th** to be considered for the upcoming season. Scholarships are distributed based on family's need and amount in scholarship fund.

Send Application to:  
Green Bay Lightning Soccer Club/Scholarships  
P.O. Box 1022  
Green Bay, WI 54305