

Application Date: _____

2019 SCHOLARSHIP APPLICATION

A. Player Information

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
School: _____ City: _____ Grade: _____
Home Phone: () _____ Cell: () _____ E-Mail: _____

B. Parent Information

1st Parent Name _____ E-Mail _____

Address: _____ City: _____ State: _____ Zip: _____

Check here if address is the same as player:

Home Phone: () _____ Cell: () _____ Work: () _____
Employer _____

2nd Parent Name _____ E-Mail _____

Address: _____ City: _____ State: _____ Zip: _____

Check here if address is the same as player:

Home Phone: () _____ Cell: () _____ Work: () _____
Employer _____

How many years has your family been a member of DFC? _____ Team name(s) _____

List all children in your family and whether they are registered with the Diablo Futbol Club:

Name _____ Age _____ School _____ DFC Player? Yes No

Name _____ Age _____ School _____ DFC Player? Yes No

Name _____ Age _____ School _____ DFC Player? Yes No

Name _____ Age _____ School _____ DFC Player? Yes No

Do any of your children play in other sport club programs? Yes No

If yes, please list any Financial Aid they receive there _____

C. Assessment of Need:

Is your current financial situation temporary? Yes No Explain _____

Are you a single income or multiple income family? Single Multiple Explain _____

Have you completed a 2018 IRS Income Tax Return or prior Income Tax Return? Yes No

What Income Tax Return was filed or will be filed for the 2017 year? IRS 1040 IRS 1040A

1040EZ Foreign tax return tax return with Puerto Rico or other US Territory

If you have not filed your 2018 IRS Tax Return please provide your estimated adjusted gross income for 2016 _____

(Please provide a copy of the front page only if you have filed a 2018 tax return or copy of 1099's or W2 forms to provide total income. Please redacted/blackout anything that includes a SS#.)

Adjusted Gross Income is on IRS form 1040 Line 37, 1040 A-Line 21 or 1040EZ – Line 1 _____

In 2018, did your family or household receive benefits from any of the federal benefits programs listed?

- Supplement Security Income
- Food Stamps
- Free or Reduced Price school lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplement Nutrition Program for Women, Infants and Children

Total amount of Income tax paid for 2018? _____

How many people are in your parents' household? _____

This includes all children, adults and adult children living within the household.

How much assistance towards DFC Club fees are you requesting? _____

Please state your reason(s) for requesting scholarship from DFC? _____

Have you ever been a volunteer for DFC? Yes No If yes, explain: _____

If scholarship is granted, are you willing to commit to the 20 hrs min volunteer requirement? Yes No

Submit your signed and completed application, along with a copy of the front page of your 2018 filed federal tax return to:

Scholarship Committee
P.O. Box 97
Clayton, CA 94517

Please direct any questions you might have to: Maria Padilla at mpadilla@diablofc.org

Terms of the Diablo Futbol Club Scholarship Policy

The DFC Scholarship Committee meets as needed to process applications. DFC reserves the right to discontinue scholarships at any time if the information provided is inaccurate. Partial aid may be awarded based on the decision by the DFC scholarship committee.

Note: Scholarship is a partial award of the fees; Parents will continue to pay a portion of the fees based on the amount of scholarship awarded.

I, the applicant, have read and agree to the terms of the DFC scholarship policy and any requirements outlined on this application. I am requesting that (player) _____ be placed on aid status with DFC. Everything I have stated in this application is true. I understand that you will retain this application. I agree to answer questions and supply any information that the DFC scholarship committee requests.

We hereby request scholarship from the Diablo Futbol Club:

Parent(s)/Guardian Signature _____ Date _____

Print Name _____

Parent(s)/Guardian Signature _____ Date _____

Print Name _____