



## Scholarship Request Form

P.O. Box 998, Jeffersonville, IN 47130

[www.clarkcountysoccer.com](http://www.clarkcountysoccer.com)

**IF REQUESTING ASSISTANCE FOR MULTIPLE PLAYERS, YOU MUST SUBMIT ONE FORM PER PLAYER.**

PLEASE EMAIL ALL REQUESTS TO [president@clarkcountysoccer.com](mailto:president@clarkcountysoccer.com) or mail to P.O. Box 998, Jeffersonville, IN 47130

**ALL REQUESTS MUST BE RECEIVED 4 WEEKS PRIOR TO THE RESPECTIVE SEASONS OPENING DAY**

Season you're requesting assistance for (CHECK ONE):  FALL  SPRING

Type of assistance you're requesting (CHECK ONE):  PARTIAL (50%)  FULL (100%)

Age Group you're requesting assistance for (CHECK ONE):  6U  8U  10U  12U  14U  19U

Player's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Reason For Request: \_\_\_\_\_

Are you receiving federal assistance?  YES  NO

If YES, please provide your WIC Card Number: \_\_\_\_\_

As a volunteer organization, we rely heavily on the goodwill of our members to volunteer their time to assist with the various tasks that allow us to provide an excellent soccer program. As a scholarship recipient, we ask that you reciprocate our goodwill by giving of your time to help our club.

To that end, please list **Days/Times available to volunteer at CCSA:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Given CCSA has limited funding to subsidize scholarship requests, the information provided above is used for the sole purpose of helping the CCSA Board determine which applications necessitate the greatest level of assistance per season. Scholarship recipients will be expected to volunteer their time to help cover some of CCSA's cost in the subsidy of the registration cost. All requests are confidential and will only be viewed by the club president, vice president, and treasurer of CCSA.