



DAKOTA ALLIANCE SOCCER CLUB SCHOLARSHIP EXPECTATIONS

Please read the following Expectations prior to filling out the application:

- Players awarded a scholarship must commit to the team, including training and travel, for the full soccer year. Players should expect consequences for not complying with team/coach/club expectations, up to and including the potential loss of current and future scholarships.
- Each player is expected to pay a minimum of \$150 at the time of registration, unless the player's Scholarship Award Letter states differently. The Scholarship Award Letter will note the registration due date along with the amount of approved scholarship funds awarded to the player. The player may not train or travel with the team until registration is complete and any minimum fees are paid.
- Uniform purchases are the responsibility of the player. Teams order new uniforms every 2 years. (E.g., new uniforms will be purchased in 2025, 2027, 2029, etc.)
- Players are responsible for their rides to and from practices, games, and tournaments. Although teams will do their best to help players with tournament travel plans, it is ultimately the player's responsibility to secure appropriate transportation. **Remember to be in constant communication with your coach and team manager on your needs!**
- Some players may be awarded scholarship funds to help offset meal costs during travel tournaments. The amount awarded may not be sufficient to cover all nutrition needs. Players should plan to bring along personal funds to cover any additional meal costs incurred.
- Tournament costs are incurred throughout the year. Players are responsible for maintaining sufficient funds in their individual player account to cover related tournament costs. If a player's account has a zero or negative balance, the player may not be rostered on a team or allowed to travel until the player's account is adequately funded.
- Volunteering: ALL families receiving scholarship funds are required to volunteer a minimum of 2 times during each soccer year. Volunteer opportunities will be listed on the DASC website under the DIBS tab.

The scholarship program exists to create opportunities for athletes to participate in DASC soccer that might not be possible otherwise due to financial limitations. Athletes should read and complete all required information in this application to confirm eligibility. Scholarship applications must include the parent's **current tax return** to receive consideration. (Both parents' tax returns are required, if filed separately.)

For Financial Assistance requests, there are no deadlines.



DAKOTA ALLIANCE SOCCER CLUB SCHOLARSHIP APPLICATION

Player Name: _____

Birth date: ___/___/___ Gender & Birth Year (e.g. 2009 Girls): _____

Name of Parent or Guardian: _____

Mailing address: _____

City, State, ZIP: _____

Email Address(es): _____

Parent/Guardian Contact Phone(s): _____

Preferred Contact Number/Email: _____

How many adults _____ children _____ are supported by your household income?
How many working adults contribute income to the household? ____

****Attach a copy of your most recent tax return** to determine income eligibility and applicable award level. (Attach both parents' tax returns, if filed separately.) If a tax return is not provided, consideration may be given based on the noted and confirmed programs listed below, but could result in a lower award amount due to the incomplete financial information provided.

The Parent/Guardian must submit proof of their child's current and active enrollment in any of the approved financial needs verification programs listed below. Please check ALL applicable boxes and submit documentation for those checked.

- SNAP- Supplemental Nutrition Assistance Program**
(SNAP Enrollment Document required with child names and dates listed.)
- MEDICAID**
(Medicaid Enrollment Document with child names and dates listed.)
- SD School Free & Reduced lunch Program**
(Free/Reduced Lunch Enrollment Document required with child names and dates listed.)
- WIC – SNAP for Women, Infants & Children**
(WIC Enrollment Document required with child names and dates listed.)
- Extenuating Personal Circumstances**
(Requires a written letter detailing the extenuating circumstances.)
- Income Below State Average (Copy of current tax return required.)**
Adjusted Gross Income (Line 11 on Tax Return) \$_____

All statements in this application are true to the best of my knowledge.

Signature of applicant (Parent/Guardian if under 18)

Printed Name

Today's date: ___/___/___