# SCFC COMPETITIVE PRO STAFF LED PROGRAM SCHOLARSHIP APPLICATION/Payment Plan Application

## General Information:

Scholarship requests must be in writing and approved by the SCFC board's financial committee. All financial and personal information is kept strictly confidential.

***SCFC DOES NOT PROVIDE SCHOLARSHIP FINANCIAL ASSISTANCE FOR:***

1. Registration or league fees
2. Tournaments or any team events
3. Uniforms
4. Travel expenses

**Maximum scholarship is $750 of $1625 fees for D1/S2 Program and $535 for D2 Pro Staff led Program**

We understand that current economic conditions have put a strain on many family resources. However, **the club has limited funds available for scholarships**. Scholarships for Club fees will be awarded on a case-by-case basis. Scholarships are awarded based on 1) demonstrated financial hardship via the federal poverty index or 2) sudden acute need. Unfortunately, loss of employment is not considered a sudden acute need in the current economy. Scholarships ***MUST BE SUBMITED PRIOR TO TRYOUTS*** to:

Attn: SCFC Training Scholarship
2750 W. Main Suite B
League City, TX 77573

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**Player's Name**:_____ *For Office Use* **Team**:_____
**Player's Age Group**_____ *For Office Use* **TM's Name**_____

**Desired level of assistance:** **Occupation / Annual Income (Scholarship)**

1. _____ 100% Father _____ /_____
2. _____ 75% Mother _____ /_____
3. _____ 50%
4. _____ Payment plan (the payment plan will cost a $25 process fee per payment, this fee will not be waived we will use the $5/month to cover the processing of the payments. Financial records are not required for the payment plan.)

**Special circumstances which make this assistance necessary:**

_____

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***IMPORTANT*** **– TO BE CONSIDERED FOR A SCHOLARSHIP A CURRENT COPY OF YOUR 1040 (front and back only) MUST BE ATTACHED TO THIS APPLICATION**

*In consideration of the financial assistance provided by the SCFC, I (we) agree to actively volunteer time and to participate in* ***ALL*** *SCFC field days, club tournaments, tryout support and other events that may require volunteer support. I (We) understand that this application is subject to approval by the Board of Directors and is subject to the availability of funds.*

Player:_____ Signature:_____
(Printed)
Parent :_____ Signature:_____
(Printed)
Phone:_____ Date:_____ e-mail_____

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Treasurer eval: _____Past Pres Rec:_____Pres Rec:_____
Approved:_____ Denied_____ By_____ Date:_____
Name forwarded to _____Committee for Volunteer assignment