



Leavenworth Soccer Association
Leavenworth United Soccer Club
FINANCIAL HARDSHIP SCHOLARSHIP APPLICATION FORM



Player and Team Information

Player name: _____, Birth date: _____, Gender: _____

Parent/Guardian Name: _____

Player & parent/guardian home phone: (_____) - _____

Team: _____, Coach's name: _____, Team Manager: _____

Street Address: _____

City: _____, State: _____, Zip: _____

Financial Information

How many adults are supported by your household income? ____ How many children? ____

Circle the total gross income (before taxes) earned by all adults in your household during the last year: (next line)

under \$25,000 \$25,001-35,000 \$35,001-45,000 \$45,001-\$50,000 over \$50,000

Circumstances

Please state the extraordinary circumstances that make it difficult to pay the club, winter training and coaching fees and why you are requesting a scholarship. Use an additional piece of paper if necessary.



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What Fees are the Scholarship Being Requested For?

Please indicate the fees that you are requesting a scholarship for (check the box). Approximate total fees for the season can range from \$400-\$600 depending upon the coaches fee and specific tournament fees.

Requesting Assistance For	Fee	Approximate Cost	Amount of Scholarship Granted (LUSC Use Only)
	<i>Club Fee</i>	\$25	
	<i>KSUSA Fees</i>	\$12	
	<i>Coaching Fee</i>	Varies by team (\$0 to \$200)	
	<i>Uniform</i>	\$70-\$90	
	<i>Outdoor Fees</i>	\$50-\$60	
	<i>Indoor/Futsal Fees</i>	\$70-\$120	
	<i>Tournament Fees</i>	\$100-\$120	

This request will go to the LUSC Competitive Committee for approval and you will be notified as soon as possible as to the status of your request and the amount of scholarship funding available.

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

Signature _____ Date: _____

LUSC Use Only

The LUSC Competitive Committee has consider this scholarship request and, in coordination with the player's coach and team manager, has _____ (approved / denied) the request for \$_____ scholarship dollars.

Competitive Program Director Signature _____ Date: _____