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Sublette United Soccer Club makes every effort to award financial aid when circumstances require it. The Sublette United Board of Directors reviews each application in confidence and makes award decisions based on the information you provide in this application. Scholarships will be awarded based on a case-by-case basis and applications must be submitted no later than the last day of registration for the season fees you are applying for by email to: contact@subletteunited.com

Please note that all scholarship applications will require submission of the first page of the parents’ most recent 1040 US Tax Form, showing Adjusted Gross Income (AGI). Scholarship decisions cannot be made without the required tax information. For any additional scholarship questions, please contact the Registrar.

| **APPLICANT INFORMATION** |
| --- |
| Player First Name: | Player Last Name: | Player Birth Year: |
| Home Street Address: |
| PO Box: | City/State: | Zip: |
| Parent Name(s) the player resides with:  |
| Parent Email: | Parent Daytime Phone #:  | Parent Evening Phone#: |

Does your player participate in other sports? Please circle all that apply.

*Basketball Baseball Softball Football Hockey*

*Dance Tennis Track Volleyball Golf*

*Motorsports Ice Skating Swimming Other:*

Are you currently receiving scholarships or funding for any of these sports? Circle: YES or NO

| **PROGRAM & FINANCIAL REQUEST** |
| --- |
| Sublette United registration fees: |  + |  $ |
| Expected family contribution |  – |  $ |
| Total amount requested |  = |  $ |

| **SHORT ESSAY RESPONSES (ATTACH ADDITIONAL PAGES IF NEEDED)** |
| --- |
| What are the reasons for requesting these funds? Please note any extenuating/significant financial circumstances (medical, job loss, unusual expenses, etc). |
| How will the player benefit from being part of the club? |

You will receive an email with your scholarship offering via the EMAIL ADDRESS and/or PHONE NUMBER you provided. You will have 72 hours to accept or deny the offer and register for the program. Applicants who do not respond within the 72 hours will be considered a DENIAL and the scholarship will be offered to another recipient.

* I understand Scholarship Families are expected to provide 2 hours of volunteer time during the season by serving on a committee or volunteering when opportunities from the club are provided. Failure to meet volunteer expectations will disqualify the recipient from receiving scholarship money for the following year.

| **DISCLAIMER & SIGNATURE** |
| --- |
| By signing below, we are stating that the information outlined above is accurate, and that the amount of scholarship funds we are requesting is necessary in order for the player to be able to participate in this program. We realize that funds for financial assistance are very limited and that receiving the full amount of funds requested is not guaranteed. In order to receive scholarship awards, participants must successfully attend and complete the program in its entirety. If the participant is dismissed from a program for disciplinary or other reasons, the participant must reimburse Sublette United Soccer Club for the full amount of the scholarship award. |
| Player Name: | Date: |
| Parent Signature:  | Date: |

- - - - - - - - - - - - - BELOW IS FOR OFFICE USE ONLY - - - - - - - - - - - - -

| **FOR OFFICE USE ONLY** |
| --- |
| Date received: | Date decided: | Scholarship awarded: |

| **APPLICANT** |
| --- |
| Player Name: | Parent Name: | Age Division: |

| **ADDITIONAL REQUIRED INFORMATION COMPLETED** |
| --- |
| * Applicant Information
 | * Parent IRS Form 1040
 | * Essay Questions
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