



Thunder Mountain United Soccer Club Scholarship Application

Updated: November 2017

Parent/Guardian: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Email: _____

TMUSC strives to serve the community by making our soccer program accessible to any who want to participate. For those players that would otherwise not be able to participate in the program without payment assistance TMUSC offers scholarships for registration fees **(PLEASE NOTE SCHOLARSHIPS DO NOT COVER UNIFORM COSTS)**. All applications will be taken into consideration based on availability of money for scholarships; number of applications received for current season; financial needs of applicant; number of children in the family playing TMUSC soccer. This application does not guarantee a scholarship; applicants will be notified of status in a timely manner. TMUSC is an equal opportunity club. It forbids discrimination on the basis of the race, religion, sex, nationality, age and health needs. All information provided below will be kept CONFIDENTIAL.

Please complete **one application for each family**. List all children playing for TMUSC in the family below:

Division Player Name

1. U _____
2. U _____
3. U _____
4. U _____

THIS SECTION IS MANDATORY- an incomplete application will not be reviewed.

To respect the applicant's privacy, TMUSC will not request copies of W-2s, paystub or tax-returns. In lieu, the applicant is asked to make a good-faith declaration of the family's annual income and ability to pay the TMUSC club fees.

Family's Annual Income: \$ _____ Number of Children in Family: _____

Check any assistance currently Food Stamps Free/Reduced School Meals Other Public Assistance

Are there circumstances that prevent the family from paying for the player(s) club fees despite the income amount shown above? Please check all that apply:

Loss of Employment Family Illness Separation/Divorce Unusual out-of-pocket expenditures

Other: _____

Please list what you can afford to pay: \$ _____ of the registration fee.

I could split my payment into: _____

I declare that the above information is true, that scholarship assistance is necessary for my child to participate in the TMUSC. I understand incomplete and/or false information could jeopardize eligibility for scholarship assistance. I understand there is no guarantee of scholarship assistance. I understand the scholarship amount is subject to funds available and the family's ability to pay. I understand TMUSC, its officers, directors, coordinators, coaches and volunteers make no promise or assurance of financial assistance.

Parent/Guardian's Signature: _____ Date: _____

FOR OFFICE USE: Date Received: _____ Date Notified: _____ Treasurer Signature: _____
Scholarship Approved: Amount Awarded: \$ _____ Scholarship Denied: _____