

Scholarship Application Form

Dr. Phillips Soccer Club



Dr. Phillips Soccer Club Scholarship Eligibility:

Scholarships are granted on MERIT basis. Parents and Players must be aware the developing process in Soccer has a cost. Scholarship recipients must pay a percentage of the monthly training fees. This percentage ranges from 20% to 60% of the monthly training fees.

To apply for the scholarship the player must paid the registration and the first month of training. After two weeks of training, parents can apply for the scholarship.

Eligibility Guidelines:

- The player applying for the scholarship has to be recommended by his/her coach. The coach will evaluate the player during the first two weeks of training. The evaluation will follow this criteria:

Attitude in training	30 points
Attendance training and games	15 points
Disciplined in training and games	15 points
Respect towards Coaches, players, others	15 points
Follows instructions from Coaches	10 points
Effort during training and games	10 points
Soccer Skills	10 points

The recipient of the scholarships **must score at least** 80 points in the evaluation. The scholarships are only for one year. To renew the scholarship, the recipient has to apply again.

Parents of the recipient must demonstrate economic hardship. The following documents must be submitted with the application (two of the following, including the hardship letter are required)

- 1) Hardship letter explaining why assistance is required
- 2) Last two pay stubs
- 3) Social security benefits statements if applicable
- 4) Disability benefit statement if applicable
- 5) Unemployment benefit statement if applicable
- 6) Last two bank statements.
- 7) Copy of driver license
- 8) Front page of 1040 or 1040X most recent tax return with Social security number black out.

The application will be processed within 7 business days. All information received will remain confidential and secured.

Additional costs not covered in the scholarship:

- Must pay for uniforms (training and competitive).
- Must pay for tournaments

DR. PHILLIPS SOCCER CLUB SCHOLARSHIP MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Last Name:	Middle Name:	First Name:
Date of birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
PARENT/GUARDIAN INFORMATION		
Last Name:	Middle Initial:	First Name:
Address:		City:
State:	ZIP Code:	Phone:
Alternative Phone:	Email:	Relationship:
INCOME INFORMATION		
Monthly household income		Other income:
Total Monthly Income before taxes:		
WAIVER & AGREEMENT		
<p>BY SIGNING, I UNDERSTAND THAT SCHOLARSHIPS ARE NOT GUARANTEE WITH DR PHILLIPS SOCCER CLUB INC. I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE, ACCURATE, AND FILLED OUT TO THE BEST OF MY KNOWLEDGE. GRANTED SCHOLARSHIPS ARE ONLY PER CALENDAR YEAR. ALL RECEIPIENTS MUST APPLY AGAIN AFTER SCHOLARHSIPS ENDS</p> <p>Parents Initials: _____</p>		
SIGNATURES		
I authorize the verification of the information provided on this form to be truthful. I have received a copy of this application.		
Parent/Guardian Signature:		Date:
Parent/Guardian Signature:		Date:

Complete this form. Provide this form to a staff member or email it to dr.phillipssoccerclub@gmail.com

Additional requirements for Scholarship recipients:

Parents/Legal Guardians and players of scholarship recipients agree to contribute volunteer hours to the club by:

- Helping setting in events, tournaments and any other occasion the club requires.
- Hours requirement based on scholarship percentage:

Scholarship % given	Hours per Month
60%	5 hours per month
50%	4 hours per month
40%	3 hours per month
30%	2 hours per month
20%	1 hour per month

To maintain Dr. Phillips Scholarship it is also required that:

- Monthly payment must be paid the first 5 days of each month. Late payment will cause the suspension of the scholarship.
- The player cannot be absent for more than 2 unexcused training or games.

I _____, agree with the terms mentioned above.

Parent/Legal Guardian Signature

Player Signature