

# Scholarship Application Form

## Dr. Phillips Soccer Club



### **Dr. Phillips Soccer Club Scholarship Eligibility:**

Scholarships are based on funding. Parents and Players must be aware that the development process in Soccer has a cost. Dr. Phillips Soccer Club Scholarships will pay part of the monthly training fee. This ranges from 20% to 60% depending on the case and amount of funding available.

To apply for a Dr. Phillips Soccer Club scholarship, the parent must include the following items

- Financial Hardship letter explaining why assistance is required (Spanish or English is allowed).
- Last two pay stubs of each parent.
- Unemployment benefits statement if applicable.
- Copy of driver's license
- Copy of last year's income tax return for both parents.

**Applications with missing documents will not be processed.**

The Scholarship does not cover the following:

- Registration fee (training uniform and insurance)
- Competitive uniform.
- Tournaments.

## **Eligibility Guidelines for players:**

The player(s) applying for a scholarship will be evaluated during the first class (free class). The coach will evaluate the player following the criteria below.

- Attitude in training
- Discipline in training
- Respect towards Coaches, players, and others
- Follows instructions from Coaches
  
- Effort during training

The applicants for the scholarships **must pass the evaluation**. Scholarships are only for six months and are non-renewable. To renew the Scholarship, the recipient has to apply again.

## **Scholarship duties for players**

Players with scholarships are required to do the following:

- Attend training regularly. Can not be absent for more than two practices monthly. Parents must inform the coach if the player is missing due to illness.
- The player must assist the coach in setting and picking up the training equipment.

**DR. PHILLIPS SOCCER CLUB SCHOLARSHIP MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

<b>Last Name:</b>		<b>Middle Name:</b>	<b>First Name:</b>
<b>Date of birth:</b>	<b>Phone:</b>	<b>Email:</b>	
<b>Current address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	

**PARENT/GUARDIAN INFORMATION**

<b>Last Name:</b>		<b>Middle Initial:</b>	<b>First Name:</b>
<b>Address:</b>			<b>City:</b>
<b>State:</b>	<b>ZIP Code:</b>	<b>Phone:</b>	
<b>Alternative Phone:</b>	<b>Email:</b>	<b>Relationship:</b>	

**INCOME INFORMATION**

<b>Monthly household income</b>		<b>Other income:</b>
<b>Total Monthly Income before taxes:</b>		

**WAIVER & AGREEMENT**

BY SIGNING, I UNDERSTAND THAT SCHOLARSHIPS ARE NOT GUARANTEED WITH DR PHILLIPS SOCCER CLUB INC. I HEREBY CERTIFY 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 RECIPIENTS MUST APPLY AGAIN AFTER THE SCHOLARSHIP ENDS

**Parents Initials:** \_\_\_\_\_

**SIGNATURES**

I authorize the verification of the information provided on this form to be truthful. I have received a copy of this application.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

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

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

I \_\_\_\_\_, agree with the terms mentioned above.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Player Signature

Note: Due to limited funding, one Scholarship will be given per family.

Please complete this form. Provide this form to a staff member or email it to

[dr.phillipssoccerclub@gmail.com](mailto:dr.phillipssoccerclub@gmail.com)

