



2018-2019 Financial Assistance/Scholarship Application  
**\*All information will be kept confidential\***

Families who need assistance may complete this form for financial aid; in the form of extended or alternate payment terms or scholarships (full or partial). Scholarships will not be considered when a registration has already been completed. **All Competitive/Travel Team players are required to pay for the Lake County Soccer Club uniform fee. If you are a new player to the club, you are required to purchase the Lake County Soccer Club uniform package, even if you qualify for financial assistance.** Completion and submission of this form begins the assistance/scholarship process.

Financial Assistance/Scholarship process takes about 7-10 business days from start to finish. Here is what you can expect will happen during this time.

- Submit application via email within the appropriate time frame.  
**Competitive/Travel players: Applications must be submitted before July 15 for the upcoming soccer seasonal year.**  
**Developmental players: Applications must be submitted during Early Registration times each season.**
- Complete phone interview explaining need (within 72 hours of sending in completed forms you will receive a call from one of our scholarship coordinator)
- Sign up for a volunteer spot that supports the season you are applying (usually during your phone interview)
- Application and Recommendations go to Board of Directors (48hrs after phone interview)
- Receive a letter via email letting you know the status of your application (within 5-7 business days of initial application)
- Sign up for soccer!!! (This must be done within 48 hours of receiving codes).
- Complete your assigned volunteer task during the assisted season. (All Competitive/Travel Team scholarship recipients are required to fulfill a minimum of 8 volunteer hours; 4 hours during the Fall Season & 4 hours during the Spring Season. Any recipient will be required to pay the full year dues should he/she request to be released before the end of the seasonal soccer year; the commitment to the club is for the full seasonal year. Furthermore, ALL Developmental scholarship recipients are required to fulfill a minimum of 4 volunteer hours per season).

Failure to complete any of the above tasks may result in your application being pulled from the process. Failure to complete your volunteer task during the season disqualifies you from applying the following season.

**Please read and sign this page before completing the application, this page must be included when you send in your application.**

In order to be eligible for financial assistance/scholarship, a player must meet and adhere to all guidelines set forth by the club. Failure to do so may result in the forfeiture of any financial assistance/scholarship awarded. The Financial Assistance/Scholarship Application must be filled out completely in order for your request to be considered. Incomplete applications will not be considered.

By completing this application, I/we do hereby confirm & agree to the following:

1. The information contained in this application is complete and accurate as I/we have reported it.
2. The income reported is the complete sum of all Gross incomes that support my household.
3. There are no other sources of income other than those listed.
4. I understand that it is my responsibility to inform the club of any changes that occur that may affect my eligibility for assistance.
5. I understand that the money used for the scholarship program is provided by and belongs to the kids of this club.
6. I understand the scholarship program is not guaranteed from year to year nor should I expect to be approved for assistance from year to year.
7. It is my responsibility & not the responsibility of LCSC to schedule & complete my volunteer hours.
8. I understand and acknowledge that this club belongs to its members (the kids) and operates on a volunteer basis.
9. I understand that our programs operate at a deficit, and if not for the generous contributions of club sponsors, supporters and volunteers this club would not exist.
10. I understand that if it is discovered that I have misrepresented my financial situation or failed to report a gainful improvement in income that any and all financial discounts or aid will be revoked and the full fees will be immediately due.

I, \_\_\_\_\_ have read and understand my responsibilities in applying of financial aid/scholarship assistance at Lake County Soccer Club.

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(Sign)

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(Date)



**Lake County Soccer Club  
Financial Aid/Scholarship Application Form**

Player's Name(s)/Age: \_\_\_\_\_

Team Name: \_\_\_\_\_ Sorrento/Hickory Point(circle one) Competitive/Developmental (circle one)

Applicant's name/relationship to player : \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Number (for phone interview): \_\_\_\_\_

Best time to be contacted for phone interview: \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Income/Contributions to the home: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Income/Contributions to the home: \_\_\_\_\_

Household size (include all individuals living in your home, dependants): \_\_\_\_\_

Total Household Income (including, child support, WIC, alimony, and any other subsidies and incomes):  
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Reason for Request: \_\_\_\_\_  
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Signatures from all adult parties included on this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit all applications and questions to [assistance@lakecountysc.com](mailto:assistance@lakecountysc.com) or mail to: Lake County Soccer Club, Inc.  
Attn: Scholarship/Financial Assistance Committee 27343 State Road 19 Tavares, Florida 32778**