



EVANSTON YOUTH SOCCER SCHOLARSHIP APPLICATION

OVERVIEW

Evanston Youth Soccer (EYS) provides scholarships for registration fees to children, who without financial assistance would be unable to participate in the soccer program. In certain cases the scholarship may also provide assistance for basic equipment required to participate in EYS. EYS is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. EYS does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.

ELIGIBILITY

Requirements for eligibility:

- Athletes must be of eligible age to participate in a EYS Sports Program
- Parents/Guardians commit that the athlete will attend a minimum of 90% of all scheduled practices and games for recreational sports and 95% of all scheduled practices and games for competitive sports

QUALIFICATIONS

Please provide all information required to help EYS determine qualifications. Scholarship consideration will be given to families that meet the following criteria:

- Provide a copy of your IRS form 1040 from the recent tax year.
- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. and can provide written documentation of participation in these programs
- Provide recommendation by school representative, social worker, youth community center workers or other social service representative
- Provide a written statement of immediate financial hardship explaining the current situation.
- Complete the application process and read and sign the Terms and Conditions statement.

EYS recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in our soccer program. In these instances, the EYS scholarship board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.

PROCEDURE

Scholarship requests must be submitted to EYS 1 month prior to the start of a sport's season in order to be considered. A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated. Incomplete or late applications will be denied. As indicated above, all of the following must be included to be considered for scholarship:

- Income documentation (i.e. previous year tax returns, current pay stubs)
- State or Federal assistance documentation

- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The EYS board will consider all scholarship applications completed with all necessary documentation and received by the deadline. The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number applicants, and amount of scholarship funds available. The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not. Approval of a registration scholarship does not register the participant in the activity. Athletes must still register online or in person for EYS.

Scholarship applications can be mailed to:

Evanston Youth Soccer
305 Sparrow Drive
Evanston, WY 82390





Evanston Youth Soccer Scholarship Application Terms and Conditions

"I", "me" and "my" refer to the adult scholarship applicant.

_____ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.

_____ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

_____ 3. I understand that members of the Evanston Youth Soccer Board of Directors consider each scholarship application on a case-by-case basis.

_____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.

_____ 5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for any equipment and uniforms required for my child's participation.

_____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

_____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, Evanston Youth Soccer may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay Evanston Youth Soccer the full value of any scholarship awarded.

_____ 8. I understand it is my responsibility to ensure my child(-ren) attend 90% of all scheduled practices and games for recreation sports and 95% of all scheduled practices and games for competitive sports.

_____ 9. This application is considered private and will not be shared with anyone other than the scholarship review board.

Printed Name of Adult Applicant Signature of Adult Applicant

Name of Scholarship Athlete

Date

Evanston Youth Soccer

ATHLETE INFORMATION		
Athlete Name:	Age:	Birthdate:
Address:		
City:	State:	Zip:
School Athlete Attends:		Grade:
Teacher's Name:	School Phone:	
Student lives with: () Both Parents () Father () Mother () Other:		
PARENT/GUARDIAN INFORMATION		
Total Household Annual Income:		
Total number of dependent children in your household during the last tax year:		
Total number of people in your household:		
Father/Guardian Name:	Occupation:	
Employer:	Employer Address:	
Home Phone:	Work Phone:	Email:
Father/Guardian monthly income (including alimony/child support):		
Mother/Guardian monthly income (including alimony/child support):		
Mother/Guardian Name:	Occupation:	
Employer:	Employer Address:	
Home Phone:	Work Phone:	Email:
Do you currently receive any state or federal financial assistance? () YES () NO If yes, what type?		
If you receive state or federal financial assistance, is this your sole source of income? () YES () NO		
SCHOLARSHIP INFORMATION		
Amount of Scholarship requested:	Full: \$	Partial: \$
Do you also request additional assistance for basic equipment (shin guards and ball)? () YES () NO		
Has the athlete received a scholarship before? () YES () NO		
Please indicate supporting documentation being provided: <input type="checkbox"/> Proof of Income <input type="checkbox"/> Proof of receipt of state or federal financial assistance <input type="checkbox"/> Letter from school, social workers, youth community center workers, or other social services representatives <input type="checkbox"/> Written Personal Statement of Immediate Financial Hardship <input type="checkbox"/> Other (explain in detail):		