



2020/2021 PLAYER SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION

PLAYER NAME: _____

BIRTHDATE: _____ GENDER _____

ALLIANCE COACH AND TEAM: _____

NAME OF PERSON APPLYING: _____

RELATIONSHIP TO PLAYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL # _____

EMAIL ADDRESS: _____

TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD: _____

TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD: _____

PLEASE BRIEFLY DESCRIBE YOUR PERSONAL AND/OR SPECIAL CIRCUMSTANCES. ALL INFO WILL REMAIN CONFIDENTIAL. **Please do not leave this section blank**

ALLIANCE scholarships are available to those who qualify and are limited by the available funds that currently reside within the club's scholarship fund account. Once the scholarship funds are

exhausted no more scholarships will be awarded for that soccer year regardless of financial need of the applicant.

To qualify, you must be getting ONE of the following.

Please circle which one qualifies you

- Participation in the National School Lunch Program
- Receiving TANIF or Food Stamps
- Receiving State Medical insurance

It is REQUIRED that you submit proof that you are receiving one of the forms of assistance listed above with this application. **Forms missing a copy of your proof of assistance will not be considered.**

By signing this form, I acknowledge that all information that I have provided is true. I am aware that club scholarships are limited to the maximum award of the Club registration cost and will not exceed a \$500.00 award amount. I am aware that scholarships are awarded on a first come – first serve basis and will be reviewed by the NCW Alliance board monthly. If I am not awarded a scholarship I am aware that I am obligated to pay the annual club registration fee.

Signature _____ Date: _____

Please email scanned application to:

CindyNCWAlliance@yahoo.com

OR

Mail to:

NCW Alliance FC
P.O. Box 3684
Wenatchee WA 98807