

# VSA SCHOLARSHIP APPLICATION FORM

Player last name: \_\_\_\_\_ first name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F (circle one)

Player's street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ plus4 \_\_\_\_\_

Name(s) of parent(s) or guardian(s) at above address:

\_\_\_\_\_  
\_\_\_\_\_

Player & parent/guardian home phone: (\_\_\_\_) \_\_\_\_\_ other phone (\_\_\_\_) \_\_\_\_\_

How many other children in this family, living in this household, are on VSA Soccer teams? \_\_\_\_

Are you applying for scholarships for any of these other children? Yes No (circle one)  
(To apply for additional children in the family, list each child's name & birth date on an additional page.)

How many adults \_\_\_\_\_ children \_\_\_\_\_ are supported by your household income?

Check total gross income (before taxes, inc. child support) earned by all adults in your household last year:

Under \$25,000 \_\_\_\_\_ \$45,001-\$50,000 \_\_\_\_\_ \$25,001-\$35,000 \_\_\_\_\_

over \$50,000 \_\_\_\_\_ \$35,001-\$45,000 \_\_\_\_\_

Check assistance the player's family receives (check all that applies):

\_\_\_\_\_ subsidized housing \_\_\_\_\_ free school lunch \_\_\_\_\_ food stamps \_\_\_\_\_ reduced school lunch

\_\_\_\_\_ medical assistance other \_\_\_\_\_

I'm applying for VSA fee scholarship in the amount of \$ \_\_\_\_\_

Explanation \_\_\_\_\_

"All statements in this application are true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS

This program exists to create opportunities for athletes to participate in Vision Soccer Academy that might not be possible due to financial reasons. Please read and complete all information in this application to be sure you meet all the qualifications and supply all the necessary information.

- The scholarship committee **MUST** receive your application by July 31st.
- Fill out the application as completely as possible.
- **Attach a brief written explanation of why you are requesting a scholarship and why you feel you may qualify. Without this information, your application cannot be accepted.**
- Individual awards will range from \$50 - \$400, not to exceed the budgeted amount determined by the Board of Directors each year. The amount of the award depends on need, family income, number of family members, and potential number of players per team requesting financial aid.
- Special circumstances, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment, etc. are also taken into consideration. Be sure that you include an explanation of this in your written explanation if you have circumstances like these that should be considered.
- You are asked to provide copies of your latest Federal and State income tax returns as proof of income and family size.
- The club treasurer and the scholarship committee will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.
- You are responsible for paying any club, IPSL, or team expenses not covered by the scholarship.
- Send your completed application to: Vision Soccer Academy, PO Box 22226 Des Moines, IA 50325 50021

We try to offer some assistance to everyone who has need, but budget limits may not allow us to give 100% of the aid everyone feels they need. If you need more help meeting expenses, payment plans can be discussed.

*Please attach the following as proof of financial need along with this completed application:*

- copy of the most recent Federal and State tax returns for all adults in the household
- proof of eligibility for school lunch program or other assistance
- financial aid application and award statement from private/parochial school
- statement of extraordinary circumstances that make it difficult to pay the club, winter training and coaching fees