



playing the beautiful game...

Fairport Soccer Club
Financial Aid/Scholarship Application

All information contained within this application shall be confidential and shall be used for the sole purpose of determining eligibility for financial aid.

Date: _____

Applicant's (Player's) Name: _____
Last First Middle

Birth Date: _____ Gender: ___ Male ___ Female

Street Address: _____

City, State, Zip: _____

Home Phone: _____

With whom does the applicant live? ___ Both Parents ___ Mother ___ Father ___ Other: _____

Parent/Guardian Name: _____

Cell or Work Phone: _____

Email Address: _____

Occupation: _____

Annual Family Income: (Include gross wages + public assistance + child support/alimony + social security + disability + other): \$ _____

Number of family members in home (include parents and children): _____

Number of FSC children in family : _____

Is your child registered with any other sports (if yes please list): _____

Is your child currently receiving free or reduced lunches at school: ___ Yes ___ No

Please list any special circumstances that contribute toward your need for financial assistance:

Applicant's (Player's) Name: _____
Last First Middle

Financial aid is granted on an annual basis and a new application must be submitted each year. Financial aid will be granted prior to the start of the season. Late applications will be evaluated and will be granted based on remaining available funds.

The Financial Aid Committee reserves the right to request any additional information relating to this application including but not limited to prior year's tax returns, W-2s, and any other documents that assist with the assessment of financial need.

By signing and submitting this application, I as the applicant's parent/guardian agree to the following conditions:

- 1) Ensure that the applicant participates in at least 80% of team practices and games.
- 2) Be active with team duties as well as any other regular team activities.
- 3) Volunteer a minimum of 4 hours at the Fairport Tournament or other club volunteering position.
- 4) **Financial Aid does not cover** registration fee, any uniform fees, additional tournament fees, travel expenses or team activity fees. I understand it is my obligation to provide payment for these fees.

I understand that non-compliance with these conditions could result in termination of my financial aid.

I understand that applying for financial aid does not automatically grant me financial aid. I certify that all materials supplied and statements made in connection with this application are true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

**Please send completed applications to
Fairport Soccer Club
Attn: Scholarship Committee
PO Box 903
Fairport, NY 14450**

Or Email to:
scholarships@fairportsoccer.com