

	<h2>Work-Play Grant Request Form</h2>
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Date: _____

Current Season: ☐ Fall ☐ Spring

Division: ☐ Select ☐ Recreational Age Group: _____

Applicant Name (player): _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

Reason for Grant Request (give detail, just being a “single parent” does not qualify as we have many single parents!): _____

Times Available to Volunteer: _____

Parent Signature: _____

Confidentiality

Information above is for the sole purpose of helping the Grant Committee decide who the most needy individuals are for a particular season. These grant requests are strictly confidential and will not be shared with anyone other than the applicant's Team Manager, the Vice President of the applicable division and the Vice President-Finance of Southern Indiana United Soccer Club. Please return the completed form to the post office box above or give to the Team Manager. Recipients of grants (or parents of recipients) will be expected to volunteer their time in exchange for the grant (lining fields, refereeing games, helping with clinics, etc.). **APPLICATION MUST BE MADE BY AUG. 15 FOR THE FALL, AND BY FEB. 15 FOR THE SPRING.**