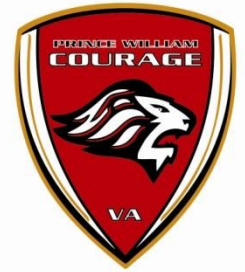


Prince William Courage Scholarship Application 2018 - 2019



This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the PWSI Financial Assistance Committee members. Return this application and verification of income documents in a sealed envelope to the Travel Administrator. All applications are due on or before 5:00 pm **May 21st** – (NO EXCEPTIONS). There are limited funds for financial assistance, so submit your application early as that increases your chances of being awarded a scholarship.

Today's Date _____

1. List Players that need financial assistance:

Name: _____ Date of Birth _____ Team: _____
Name: _____ Date of Birth _____ Team: _____
Name: _____ Date of Birth _____ Team: _____
Name: _____ Date of Birth _____ Team: _____

2. Address: _____ City: _____ Zip Code: _____

3. Father's Name: _____ Email: _____ Phone: _____

4. Father's Employer: _____ Gross monthly income: _____

5. Mother's Name: _____ Email: _____ Phone: _____

6. Mother's Employer: _____ Gross monthly income: _____

7. What is the gross monthly income from all other sources? _____

8. How many people live in the household and are dependent upon this income? _____

9. How much per month can you afford to pay for each child to play soccer? \$ _____ /mo

10. Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application.

Applications will not be accepted without all the following required verification of income. (If applicable)

- **Please attach a copy of the 2017 Federal Tax Form 1040 (first page only with all W-2's and 1099 if applicable).**
 - **Please attach a copy of the Schedule C. (Income tax return for self employed)**
 - **Please attach verification of any government assistance you receive (if applicable).**
 - **I have read and agree to all the conditions listed in the Prince William Soccer Financial Assistance policy. I understand I will forfeit any financial assistance if I do not follow all the conditions listed in the PWSI Financial Assistance Policy and that late fees may apply if my co-payment is more than 10 days overdue. I further understand that if my financial assistance is deemed delinquent as a result of two late payments this year, I will not be able to apply for financial assistance next year.**
 - **I understand that I will be responsible for all other expenses not covered by financial assistance.**
 - **I understand that the player and family are required to volunteer service hours for the club in order to receive financial assistance.**
 - **I affirm that all the information given on this application is true and correct.**
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Player's father or guardian signature

Date

Player's mother or guardian signature

Date

Player's signature

Date