

**This form must be submitted with registration forms**



2791 Printers Ct. Grand Junction, CO. 81506

970-242-4550

gjsoccer.org

## SCHOLARSHIP REQUEST FORM

Date: \_\_\_\_\_

Cost of Level or team: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Player's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ . Phone Number: \_\_\_\_\_

Parent name: \_\_\_\_\_

Net Income for **previous** tax year: \_\_\_\_\_ Number of people living at home: \_\_\_\_\_  
(Adjusted Gross Income)

**Need to provide a free and reduced lunch card OR Medicaid Insurance Card**

Brief narrative on need for funds:

Grand Junction FC has limited financial resources available for those needing assistance with soccer registration fees. Families that receive funds may be asked to contribute volunteer time to the Fire office, tournaments, ect. Scholarship requests will be reviewed by the GJ FC scholarship committee and awarded on a financial need basis only. Requests will NOT be considered unless documentation is submitted to the league office with registration. Registration is not complete until committee approval. If you have extenuating circumstances, please provide documentation in writing to the scholarship committee.

**I affirm that the above information is correct.**

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_