



Scholarship Application

Mother/Guardian Name (print legibly): _____

Father/Guardian Name (print legibly): _____

Player(s) requesting Scholarship:

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

To be considered for Dunedin Stirling Soccer Club financial assistance this application must be completed, in its entirety, and submitted with the required documentation by **June 15, 2021*** to:

Dunedin Stirling Soccer Club
981 Jerry Lake Court
Dunedin, FL 34698

OR by email:
BOD@dunedinsoccer.com

**Applications outside of the tryout window will be handled on a case-by-case basis, subject to the availability of funds.*

REQUIRED DOCUMENTATION. Applications must include:

1. Current month's paystubs or other verification of current monthly income for both parents/guardians
2. Copies of 2020 Federal Income Tax Returns for both parents/guardians (or, if filed jointly, the joint return)

APPLICATION. Incomplete information may cause delay or remove your request from consideration.

A. How many total people are living in the household? (Children & Adults) _____

How many of the people in your household are currently working? _____



Scholarship Application

B. Including your soccer player(s), list the names, birth year, and additional activities for all children in your family. Write *none* if there are no other activities or obligations outside of school.

Name of Child (first and last)	Birth Year	Other Out-of-School Activities

C. What level of financial assistance are you applying for?

- Level 1: U9 & U10.** *Award of \$200 - \$400 per family participant, based on level of play and corresponding program fees. After initial non-refundable registration fee of \$150, monthly payments would range from approximately \$42 - \$75 per month over 6 months. Uniform kits are additional; requests for assistance may be considered.*

- Level 2: U11 & U12.** *Award of \$225 - \$450 per family participant, based on level of play and corresponding program fees. After an initial non-refundable registration fee of \$150, monthly payments would range from \$50 - \$88 per month over 6 months. Uniform kits are additional; requests for assistance may be considered.*

- Level 3: U13 & older.** *Award of \$250 - \$500 per family participant, based on level of play and corresponding program fees. After an initial non-refundable registration fee of \$150, monthly payments would range from \$59 - \$100 per month over 6 months. Uniform kits are additional; requests for assistance may be considered.*

- Level 4: Extreme Hardship.** *Award \$ TBD by DSSC Board of Directors based on family circumstances and support materials provided. Initial non-refundable registration fee of \$150 applies. Monthly payments to be negotiated with BOD. Uniform kits are additional; requests for assistance may be considered.*



Scholarship Application

D. Please list the player(s) applying for assistance from Dunedin Stirling Soccer Club and define their family situation. If all children have the same family situation, write SAME next to each child's first name. Check all boxes that apply:

Child First Name	Parents Married	Parent Single	Parents Separated	Parents Divorced	If divorced/separated, is custody with Mother, Father or Joint?	Is there a step-parent or partner contributing to household income?

E. Please describe any extenuating circumstances that would help us understand your financial need and why you are requesting a scholarship. (Feel free to write in Spanish or English):

F. Did you receive a scholarship from Dunedin Stirling Soccer Club last year?

Player: _____ Team: _____ Coach: _____

Player: _____ Team: _____ Coach: _____

Player: _____ Team: _____ Coach: _____

G. Did you honor your scholarship contract?

Attend practice regularly? _____ Yes _____ No, because _____

Attend all / most games? _____ Yes _____ No, because _____



Scholarship Application

H. Complete for both parents or guardians. You may write SAME if applicable.

	Mother or Guardian 1	Father or Guardian 2
Relationship to child:		
Name (First and Last)		
Home Address		
Mailing Address (if different)		
City, State, Zip Code		
Best Phone #		
Email		
Employer (REQUIRED)		
Income per year (REQUIRED)		
Length of Employment		
Additional Income: describe and cite amount		

I. Please complete this checklist to ensure you have included all of the appropriate paperwork with your application. Incomplete applications will cause delay or will not be considered.

Include both:

- Paystubs (for both parents or guardians) or evidence of most recent month's income
- Copies of 2020 Federal Income Tax Returns for both parents/guardians (or, if filed jointly, the joint return)



Scholarship Application

I. I attest that all statement made above are truthful and accurate. I understand that should any information submitted to Dunedin Stirling Soccer Club as part of this application for financial assistance be false or inaccurate, I may forfeit my scholarship and/or my membership to a team.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

SUBMITTING YOUR APPLICATION AND DOCUMENTATION: Applicants will be informed of the status of their application prior to registration. Coaches are not aware of applications for financial assistance at tryouts. If you are offered financial assistance, you will be provided with a special voucher for registration **AND** make an initial payment of at least \$150.00 at registration.

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OR submitted at Tryouts**

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