



SA United Scholarship Application



SA United Player(s)

Name	DOB	Team e.g. (U11, U12...)
1.		
2.		
3.		

Household Dependents

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		

Primary Provider

Name:	Relationship to Player:
Street Address:	Occupation:
City:	Employer:
State:	Employer Phone Number:
Zip:	Gross Monthly Income:
Home Phone:	Email:

Secondary Provider

Name:	Relationship to Player:
Street Address:	Occupation:
City:	Employer:
State:	Employer Phone Number:
Zip:	Gross Monthly Income:
Home Phone:	Email:

All applications must be submitted along with your 2008 Federal Income Tax Return. Financial aid cannot be awarded unless all documents are provided.

As stated in the cover letter, extenuating circumstances other than financial need may be considered. Please provide in writing any other circumstances you want considered.

SA United Scholarships are limited. In consideration of your application, what amount of assistance would be adequate to support your player(s) participation in our club.

Amount \$ _____

I hereby submit the above information on a confidential basis to SA United Soccer Club Scholarship Committee. I agree that all information provided is accurate and represents my financial situation to the best of my knowledge. I authorize the committee to verify as necessary to process this application. As a recipient of a scholarship, I commit that my family will volunteer 20 hrs a year of our time to SA United and NEYSO events.

Signed _____

Date _____