

SANTA BARBARA SOCCER CLUB

2016-17 Season

Return to:

Greg Wilson, Academy Director

Santa Barbara SC Players Academy EDUCO Scholarship Application

Santa Barbara Soccer Club is committed to fundraising through corporate sponsorships, private donations and grant awards in an effort to provide financial assistance to as many eligible families as possible. This fundraising allows the Club to implement our mission statement, which promises to educate and develop young athletes to their highest potential through soccer, to all those with the desire and commitment to excel.

To be considered for a scholarship award you must complete the application and return it, along with a copy of your previous year's federal tax returns (2014) to the Academy Director prior to registering.

Due Date: prior to September 25, 2016 (Fall) and February 1, 2017 (Spring).

Funds available for scholarships are limited and priority will be given to those applications submitted through this formal process.

VOLUNTEER WORK

Players receiving financial aid and their families are required to exert a maximum effort in participating in program wide fundraisers.

Please know that all information requested will be kept completely confidential. Award decisions will be made by the Scholarship Committee and you will be notified by Academy Director if your completed application is turned in on time.



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SCHOLARSHIP APPLICATION

A minimum of \$150 registration fee will be required in order for application to be considered.

Date _____ I am applying for a scholarship for Club year 2016 or 2017 program.

Applicant (Player) Information

Name: _____

Age: _____ Date of Birth : _____ Team: EDUCO PLAYERS' ACADEMY

Years with SBSC: _____ Total # in family playing with Santa Barbara SC: _____

Parent/Guardian Information

Father/Guardian Name: _____

Residence Address: _____

Home Telephone: _____ Cell phone: _____

Please Check One Single _____ Married _____ Divorced _____

Please Check One Own _____ Rent _____

Monthly Mortgage Payment: _____ Monthly Rent Payment: _____

Mother/Guardian Name: _____

Residence Address: _____

Home Telephone: _____ Cell phone: _____

Please Check One Single _____ Married _____ Divorced _____

Please Check One Own _____ Rent _____

Monthly Mortgage Payment: _____ Monthly Rent Payment: _____

Please attach a complete copy of the previous year's Federal Tax Return including all schedules, from BOTH parents/and or signatory. SCHOLARSHIP REQUESTS WILL NOT BE PROCESSED WITHOUT THIS.

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Father OR Legal Guardian:

Occupation: _____

Annual Income: _____

Other Income _____

Work Address: _____ Phone #: _____

Mother OR Legal Guardian:

Occupation: _____

Annual Income: _____

Other Income _____

Work Address: _____ Phone #: _____

Reason for applying for scholarship:

Parent/Guardian Signatures:

Mother/Guardian

Father/Guardian

OFFICE USE ONLY

Scholarship year: _____
____ Scholarship approved - Amount: _____
____ Scholarship Denied

____ Notification Letter Sent
____ Did not meet requirements
____ Deposit received - Amount of deposit: _____
____ Min. Requirements Met

Scholarship Committee Signature: _____ Date _____