



Space Coast United Soccer Club, Inc.
Need-Based Scholarship Application
Fall 2009 Season

Completed forms must be received turned in during any of the on-site registrations (June 6th, 13th, or 20th) at the Viera Regional Park Soccer Field Concession Stand.

Player's Name: _____

1. Are the player's parents both employed currently? Yes No

2. What is the family's combined gross wage range? Less than \$25,000
 \$25,000 - \$40,000
 \$40,000 - \$55,000
 \$55,000 - \$70,000
 More than \$70,000

3. Have you incurred medical costs that are causing a financial strain on the family?
 Yes No

4. Please list any other factors that have a bearing on the financial health of your family that causes the need for this scholarship:

5. How much assistance do you need for this player registration? \$ _____

I certify this information to be true and accurate to the best of my knowledge on this __ day of _____, 20__

Signature

Relationship to Player

Club Use Only:
Amount of Scholarship Award
\$ _____
Board Member Initials
_____ / _____