



Space Coast United Soccer Club, Inc.  
**Need-Based Scholarship Application**  
**Spring 2010 Season**

Completed forms must be received turned in during any of the on-site registrations (Jan 9<sup>th</sup>, 16<sup>th</sup>, or 23<sup>rd</sup>) 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

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