

**Option 1 - Mail**  
8771 SE Bridge Road #215  
Hobe Sound, FL 33455

**Option 2 - Fax**  
Fax 772.546.7448

**Option 3 - email**  
scholarship.hssc@gmail.com



## Financial Aid Information Sheet

www.hobesoundsoccer.com

Applicant \_\_\_\_\_ Cell # \_\_\_\_\_ email \_\_\_\_\_

Spouse \_\_\_\_\_ Cell# \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Does the Applicant qualify for any Public Assistance Programs? \_\_\_\_\_

Please report total family income, including wages, salaries, tips, unemployment and worker's compensation, net income from self-owned business/farm, welfare, child support, alimony, income from estates/trusts/investments, pensions, Social Security and any other income including regular contributions from persons not living in household on line below:

Gross annual income: \$ \_\_\_\_\_ How many persons in this Household: \_\_\_\_\_

The Applicant is requesting Financial Aid for the following Player(s):

### **Player #1**

Who is the Financial Aid for \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Comp or Rec Soccer \_\_\_\_\_

Coach \_\_\_\_\_ Current or New Club Member \_\_\_\_\_

Has this person ever received Financial Aid from HSSC? If so, what year? \_\_\_\_\_

### **Player #2**

Who is the Financial Aid for \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Comp or Rec Soccer \_\_\_\_\_

Coach \_\_\_\_\_ Current or New Club Member \_\_\_\_\_

Has this person ever received Financial Aid from HSSC? If so, what year? \_\_\_\_\_

### **Additional Aid Requested** - Attach a Separate List

*By Signing below, the Applicant is affirming that the information contained herein is true and correct as of this date. Applicant gives HSSC the authorization to verify the financial information provided herewith. Please notify HSSC in a timely manner of any change to the above information.*

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Coach's Signature                      Date

### **HSSC Use Only**

Approved

Note: \_\_\_\_\_

Not Approved

Authorization #1 \_\_\_\_\_ Authorization #2 \_\_\_\_\_