



## Scholarship Application

Mother/Guardian Name (print legibly): \_\_\_\_\_

Father/Guardian Name (print legibly): \_\_\_\_\_

### Player(s) requesting Scholarship:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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To be considered for Park City Soccer Club financial assistance this application must be completed, in its entirety, and submitted with the required documentation by **June 18, 2020\*** to:

**Shelley Gillwald**  
PCSC Executive Director  
6300 N Sagewood Drive #H636  
Park City, UT 84098

**OR by email or text to:**  
[PCSCDirector@gmail.com](mailto:PCSCDirector@gmail.com)  
435.901.3715  
**OR submitted at Placements HQ**

*\*Applications outside of the tryout window will be handled on a case-by-case basis, subject to the availability of funds.*

### REQUIRED DOCUMENTATION. Applications must include:

1. Current month's paystubs or other verification of current monthly income for both parents/guardians
2. **EITHER**, Proof of eligibility for free or reduced lunch at school for each child listed below **OR**, Copies of 2018 Federal Income Tax Returns for both parents/guardians (or, if filed jointly, the joint return)

**APPLICATION.** Incomplete information may cause delay or remove your request from consideration.

A. How many total people are living in the household? (Children & Adults) \_\_\_\_\_

How many of the people in your household are currently working? \_\_\_\_\_

**B. Including your soccer player(s), list the names, birth year, and additional activities for all children in your family. Write *none* if there are no other activities or obligations outside of school.**

Name of Child (first and last)	Birth Year	Other Out-of-School Activities

**C. What level of financial assistance are you applying for?**

- Level 1.** *Award of \$355 - \$495\* per family participant, based on level of play and corresponding program fees. After initial registration fee of \$100, monthly payments would range from approximately \$69 - \$100 per month over 9 months. (\*U8 Foundation players would receive \$175 award, with a registration fee of \$50, and 9 monthly payments of approximately \$32.) Uniform kits are additional; requests for assistance may be considered.*
- Level 2.** *Award of \$550 - \$750\* per family participant, based on level of play and corresponding program fees. After an initial registration fee of \$100, monthly payments would range from \$47 - \$72 per month over 9 months. (\*U8 Foundation players would receive \$260 award, with a registration fee of \$50, and 9 monthly payments of approximately \$23.) Uniform kits included.*
- Level 3.** *Award of \$750 - \$1,050\* per family participant, based on level of play and corresponding program fees. After an initial registration fee of \$100, monthly payments would range from \$25 - \$38 per month over 9 months. (\*U8 Foundation players would receive \$360 award, with a registration fee of \$50, and 9 monthly payments of approximately \$12.) Uniform kits included.*

Note: High School age recipients will be given 6 months, instead of 10, to complete their monthly payment plans.

**D.** Please list the player(s) applying for assistance from Park City Soccer Club and define their family situation. If all children have the same family situation, write SAME next to each child's first name. Check all boxes that apply:

Child First Name	Parents Married	Parent Single	Parents Separated	Parents Divorced	If divorced/separated, is custody with Mother, Father or Joint?	Is there a step-parent or partner contributing to household income?

**E.** Please describe any extenuating circumstances that would help us understand your financial need and why you are requesting a scholarship. (Feel free to write in Spanish or English):

**F. Did you receive a scholarship from Park City Soccer Club last year?**

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Player: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_

**G. Did you honor your scholarship contract?**

Attend practice regularly? \_\_\_\_ Yes \_\_\_\_ No, because \_\_\_\_\_

Attend all / most games? \_\_\_\_ Yes \_\_\_\_ No, because \_\_\_\_\_

Complete your 10 volunteer hours? \_\_\_\_ Yes \_\_\_\_ No, because \_\_\_\_\_

**H. Complete for both parents** or guardians. You may write SAME if applicable.

	Mother or Guardian 1	Father or Guardian 2
Relationship to child:		
Name (First and Last)		
Home Address		
Mailing Address (if different)		
City, State, Zip Code		
Best Phone #		
Email		
Employer <b>(REQUIRED)</b>		
Income per year <b>(REQUIRED)</b>		
Length of Employment		
Additional Income: describe and cite amount		

**I. Please complete this checklist to ensure you have included all of the appropriate paperwork with your application. Incomplete applications will cause delay or will not be considered.**

Include:

- Paystubs (for both parents or guardians) or evidence of most recent month’s income

And, one of the following:

- Proof of eligibility for free or reduced lunch at school for each child listed below,

**OR**

- Copies of 2019 Federal Income Tax Returns for both parents/guardians (or, if filed jointly, the joint return)

I. I attest that all statement made above are truthful and accurate. I understand that should any information submitted to Park City Soccer Club as part of this application for financial assistance be false or inaccurate, I may forfeit my scholarship and/or my membership to a team.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMITTING YOUR APPLICATION AND DOCUMENTATION:** Applicants will be informed of the status of their application prior to registration. Coaches are not aware of applications for financial assistance at tryouts. If you are offered financial assistance, you will be required to sign a Financial Assistance Contract **AND** make an initial payment of at least \$100.00 (\$50 for U8 Foundation players) at registration.

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Direct questions to: Shelley Gillwald, PCSC Director, 435.901.3715 or [PCSCDirector@gmail.com](mailto:PCSCDirector@gmail.com)  
Or in Spanish to: Carmela Foote, 801.910.7337 or [carmela.foote@gmail.com](mailto:carmela.foote@gmail.com)  
Claudia Redd. 435.513.8387 or [ceredd@gmail.com](mailto:ceredd@gmail.com)