

HOMER UNITED FINANCIAL SCHOLARSHIP APPLICATION

Complete the application and submit to via email: admin@homerunitedfc.org

or via mail: 4006 Mullikin St. Homer, Alaska 99603

Player's Nam	ne:		Date of Birth:	
Team:		_Grade:	School:	
Parents'/Gua	ardian's Name:			
Address:				
Telephone: _	E	mail:		
Eligibi	lity:			
•	Applicant's family must show financial need.			
•	Applicant must be current with all team and club fees.			
Attacl	nment Requirement:			
•	Most recent Individual US Income Tax Return.			
•	Most recent earning statements for all employed household members.			
•	If unemployed provid	e appropriate o	documentation.	
•	Records of untaxed in	ncome such as	social security, food stamps, welfare,	
			porary assistance, etc.	
*All information	n submitted is confident	ial and is used f	or the sole purpose of determining eligibility	
for financial ai	d. Failure to submit requ	ired documenta	tion may result in rejected application.	
Reason for a	oplying for Financial As	ssistance:		

Why do you want your child to play soccer?				
-				
Why is this important?				
Parent's Understand	ing and Responsibility:			
Filling out a scholarship application does not Scholarship will depend on the following:	t guarantee that my child will be approved.			
Scholarship Funds AvailableNumber of ApplicantsFinancial needs of the family				
Stat	ement			
We the applicant and family of the applicant cannot approve all scholarship applications guarantee a recipient.				
The information we have provided is true to t false information are grounds to disqualifications.				
We the applicant and family of applicant will income or any situation that may arise that wobligations.				
Applicant Signature:	Date:			