



CR United Soccer Club

SCHOLARSHIP/FINANCIAL AID APPLICATION

Must Be Printed or Typed

Applicants Name: _____

Player's Name: _____

Player's Name: _____

Player's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Any other dependent children: YES NO

How long has your family been involved with CR United Soccer Club? _____

Please list any financial concerns that can be take in consideration regarding this application:

Have you received financial support from this club in the past? YES NO

If yes, when and how much?

Name of Father: _____

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Amount Awarded: \$_____ Date Awarded:_____ Reason Denied:

Address: _____

Telephone Number: _____

Employer: _____

Annual Income: _____

Name of Mother: _____

Address: _____

Telephone Number: _____

Employer: _____

Annual Income: _____

You **Must** enclose a copy of last year's income tax statement, 1099 (s), W---2(s) and your most current Pay stub.

Please explain why you are submitting an application for financial assistance: How much financial assistance are you requesting?

I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.

Parent(s) Signature

Date: _____ all information submitted and any scholarship granted will be kept strictly confidential by CRUSC

Board of Director.

Any false statements in this application may result in disqualification of future consideration for financial assistance with CRSA. Please submit this form by mail

CR United Soccer Club P.O. Box 48778 Coon Rapids, MN 55448

Email: registrar@crsoccer.com

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Amount Awarded: \$_____ Date Awarded:_____ Reason Denied: