

Wausau United Soccer Club Scholarship Application

Member(s) names applying for: (please include first and last names): _____

Parent/Guardian Names: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Please name all family members living in your household and indicate ages:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Does your child(ren) qualify for free or reduced lunch at school? _____ Yes _____ No

What is your TOTAL Family Income? Please indicate one of the following:

Weekly Income \$ _____ Monthly Income \$ _____

Bi-weekly Income \$ _____ Annual Income \$ _____

Indicate any other Income Sources and amounts: _____

Father's/Guardian's Employer: _____

Employer Address & Phone number: _____

Mother's/Guardian's Employer: _____

Employer Address & Phone number: _____

If you wish to add any special circumstances that may be helpful to Club personnel in understanding your family needs, please do so here (more space is available on the back of this form). _____

I certify that all of the above information is true, accurate and complete to the best of my knowledge and give permission to the Wausau United Soccer Club to verify any of the information. I am also aware that it is my responsibility to notify the Wausau United Soccer Club of any change in information in this application such as income, address, or other matters that might affect my eligibility for financial assistance.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Wausau United Soccer Club will notify you if your family qualifies for scholarship assistance. Wausau United Soccer Club reserves the right to refuse assistance to any applicant. All information will be kept confidential. Should you have any questions, please contact the Club at 715-845-8695