



FW United FC Financial Assistance Form

Application for Scholarship/ Financial Assistance

*This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the scholarship committee members. This form must be completed and returned to Fort Wayne United FC to be considered for financial assistance. All financial assistance forms and the decisions by the scholarship committee are final as of August 10th.

Today's Date _____

1. Player's Name _____ Age _____ Team _____

2. Address _____ City _____ State _____ Zip Code _____

3. Father's Name _____
Address _____ Phone _____

4. Father's Employer Gross monthly income _____

5. Mother's Name _____
Address _____ Phone _____

6. Email Address (all communication regarding financial aid) _____

7. Mother's Employer Gross monthly income _____

8. What is the gross monthly income from all other sources? _____

9. How many people live in the household and are dependent upon this income? _____

10. Does this player have siblings playing with Fort Wayne United FC? Team _____

11. Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application _____

12. Do you agree to complete a minimum of 14 hours of volunteer work with Fort Wayne United FC? _____

Applications will not be accepted without the following required verification of income.

***Please attach a copy of last year's IRS 1040. (Income tax return)**

*** Please attach a copy of the Schedule C. (Income tax return for self employed)**

***Please attach copies of pay stubs or other income verification for all sources of income for at least one full current month.**

I understand that parent participation in fundraisers and volunteering for team duties is mandatory. *

I understand that I will be responsible for all other expenses not covered by the Scholarship.

I affirm that all the information given on this application is true and correct.

Player's parent or guardian signature (Father) _____ Date _____

Player's parent or guardian signature (Mother) _____ Date _____

*The volunteer hours could include helping at tournaments or with our United International's program. Available hours/shifts will be emailed throughout the year. HOWEVER, it is your responsibility to contact the FW United FC office to complete the mandatory hours.

