



## Financial Scholarship Application

Season (circle one): Fall Spring Year: \_\_\_\_\_ Player Age: U \_\_\_\_ Team (if known): \_\_\_\_\_

Player Name: \_\_\_\_\_ Amount of Tippco Fees Due \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for requesting Fee Assistance:

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**I understand that mandatory field or volunteer work is required for all scholarship applicants in the amount of one hour for each \$25 received. (i.e. \$500 scholarship = 20 hours of mandatory field/volunteer work.)** I certify that the above information is true and complete to the best of my knowledge. I understand that there is no guarantee of fee assistance. I understand that fee assistance is considered on a per season basis for club fees **ONLY** and does **NOT COVER uniform expenses, tourney fees or /and additional team fees**. If my application for fee assistance is approved, I understand that the amount may not be for the full amount requested. It is the Tippco Soccer Club's desire to make it possible for all children to be able to play and will make every effort to satisfy all requests for fee assistance, however, all fee assistance amounts are subject to funds available and the family's ability to pay. I understand that coaches, managers, or other Tippco officials cannot make a promise that fee assistance will be granted. I understand that I will be notified by letter of the Scholarship Committee's decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit minimum fee payment of **\$100.00** with this application for fee assistance. Submit to Tippco Soccer Club, PO Box 2034, West Lafayette, IN 47996.

*Confidentiality: All scholarship information is for the sole purpose of helping the Scholarship Committee decide how to allocate its limited scholarship funds to serve those of greatest need. These scholarship requests are strictly confidential.*

**Applications must be received by June 30 and/or November 30.**