

## NEWTON AREA SOCCER ASSOCIATION

## **INSTRUCTIONS**

- COMPLETE APPLICATION BELOW- A NEW APPLICATION IS REQUIRED FOR EACH SEASON
- INCLUDE ALL REQUIRED DOCUMENTATION
- SIGN AND DATE THE APPLICATION
- SUBMIT APPLICATION TO <u>PRESIDENT@NEWTONAREASOCCER.COM</u> BY THE REGISTRATION DEADLINE

## FINANCIAL AID APPLICATION

PARENT 1 NAME					DOB
ADDRESS				STATE	ZIP
PHONE	EMAIL				
PARENT 2 NAME					_DOB
DDRESS		CITY		STATE	ZIP
PHONE	EMAIL				
MARITAL STATUS (CIRCLE ONE):	MARRIED	SINGL	DIVORCED	SEPARATED	GUARDIANSHIP
PLACE OF EMPLOYMENT (PARENT 1)					
PLACE OF EMPLOYMENT (PARENT	2)				
PARTICIPANTS NAME					_DOB
DEPENDENT CHILDREN IN THE HOME:					
NAME		DOB		_APPLYING FOR	NASA ASSISTANCE? Y/N
NAME		DOB		_APPLYING FOR	NASA ASSISTANCE? Y/N
NAME		DOB		_APPLYING FOR	NASA ASSISTANCE? Y/N
NAME		DOB		_APPLYING FOR	NASA ASSISTANCE? Y/N
LEVEL OF SCHOLARSHIP REQUESTED (CIRCLE ONE): 50% 75% 100%					

## DOCUMENTATION

Please include any *two* of the following at attach to your application.

- □ Copy of payroll check stub (include two most recent)
- □ Copy of approval for unemployment benefits (within the last three months)
- Benefit statement/approval letter from DHS verifying approval for benefits (within the last six months)
- □ Approval letter for free/reduced price lunch
- Social security benefit letter
- □ Energy assistance award letter
- □ Other documents to be approved by NASA board upon application.

IN YOUR OWN WORDS, BRIEFLY EXPLAIN WHY THIS APPLICANT SHOULD BE CONSIDERED FOR SCHOLARSHIP ASSISTANCE:

ALL SCHOLARSHIPS ARE AWARDED ON A FIRST COME, FIRST SERVED BASIS BASED ON DEMONSTRATED NEED, AVAILABLE FUNDING, AND MEETING DEADLINE REQUIREMENTS. RECIPIENTS WILL BE NOTIFIED VIA EMAIL NO LATER THAN FIVE DAYS AFTER THE APPLICATION DEADLINE FOR THE SEASON. THE SCHOLARSHIP PROGRAM IS SEPARATE FROM REGISTRATION AND DOES NOT GUARANTEE A SPOT ON ANY TEAM.

IF A SCHOLARSHIP IS AWARDED, WOULD YOU BE WILLING TO VOLUNTEER IN SOME WAY THROUGHOUT THE SEASON?

YES NO

IF YES, WHAT IS YOUR PREFERENCE (FIELD PAINTING, COACHING, FIELD MAINTENANCE, ETC)

I, \_\_\_\_\_\_, HAVE COMPLETED THIS APPLICATION ON BEHALF OF \_\_\_\_\_\_

\_\_\_\_\_\_. I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE A SPOT ON A ROSTER AND REGISTRATION IS SEPARATE FROM THE SCHOLARSHIP APPLICATION. I ALSO ATTEST, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUTHFUL.

PARENT/GUARDIAN SIGNATURE

 BOARD USE ONLY

 Date Received \_\_\_\_\_\_

 Board Member \_\_\_\_\_\_

 APPROVED \_\_\_\_\_\_

 DENIED \_\_\_\_\_\_ REASON \_\_\_\_\_\_

DATE

