

**Upper Valley Soccer Foundation
Scholarship Application**

rexburgsoccer.com

Scholarship Committee

Email: ***jessica.uvsf@yahoo.com***

Guidelines

The Upper Valley Soccer Foundation Scholarships program is focused on affording underprivileged or needs-based youth the opportunity to train, develop and play competitive youth soccer. It is intended as a financial assistance program for those applicants and families requiring temporary or permanent assistance for the period to be established by the Scholarship Committee which may not exceed one year after which time the applicant and their family will need to reapply for scholarship benefits.

The UVSF Scholarship Committee reserves the right to reassess an applicant's scholarship at its discretion to address any changes in eligibility or conditions in an applicant's or their families status which may result in the termination or modification of the condition of the applicant's scholarship.

Eligibility

Candidates must:

- Have received an invitation to play for a UVSF team
- Demonstrate financial need

Selection

The Scholarship Committee of the Upper Valley Soccer Foundation selects scholarship recipients each year. Recipients will receive notification of their selection by e-mail or phone/personal communication.

Awards

There are no full scholarships. UVSF will not grant full scholarships as it is essential to ensure the applicant and his/her family has some financial involvement to ensure that the appropriate level of focus and commitment to soccer is maintained for the entire season.

Each family must pay the acceptance fee with their application. If there are any questions about this, please contact Jessica Badillo at (661) 599-9623 for current fee information.

In addition, the applicant and his/her family are responsible for all expenses not covered by the scholarship.

The Application Package:

Applicants and their family must submit:

1. The Scholarship Application along with the acceptance fee.
2. Note of why they are requesting aid and the approximate amount per month that they can afford to pay.

Upper Valley Soccer Foundation Scholarship Application

Player Information	Name:		Phone:	
	Last	First	M.I.	
	Address:			
	Street	City	State	Zip Code

Date of Birth:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	UVSF Team:
		UVSF Coach:
	School:	
Grade:		

Parent(s)	Father's name:		Occupation:	
	E-mail address:			
	Address:			
	Employer:		Phone: ()	
	Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Mother's name:		Occupation:	
	E-mail address:			
	Address:			
	Employer:		Phone: ()	
	Disabled? Yes: <input type="checkbox"/> No <input type="checkbox"/>			

Siblings	Siblings:		
	Name: _____	Name: _____	Name: _____
	Age: _____ Does sibling live at same address as applicant? Yes__ No__	Age: _____ Does sibling live at same address as applicant? Yes__ No__	Age: _____ Does sibling live at same address as applicant? Yes__ No__
	Name: _____	Name: _____	Name: _____
	Age: _____ Does sibling live at same address as applicant? Yes__ No__	Age: _____ Does sibling live at same address as applicant? Yes__ No__	Age: _____ Does sibling live at same address as applicant? Yes__ No__

Financial Information	Family Monthly Mortgage Payment: _____
	Family Monthly Rent Payment: _____
	Family Annual Income: _____

Statement

1. Why you are requesting financial assistance?

2. Statement of ***AMOUNT PER MONTH THAT YOU CAN AFFORD TO PAY and***

Any additional information, which may assist the Scholarship Committee in making its decision.

Signatures

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Parent/Guardian's Signature

Date