



## Cascade Fútbol Club Scholarship Program Policy 2012 U15 – U19 Competitive Program

To provide all players with the opportunity to participate in competitive soccer regardless of financial circumstances, CFC offers scholarships to qualified applicants in the amount of 30%, 40% or 50% of annual program fees.

In order to be considered for a scholarship, applicant must:

- Be registered with a 2012 CFC competitive team
- Have no outstanding balance from previous seasons
- Complete a scholarship application with supporting documentation, returned to the CFC office by **Friday December 16<sup>th</sup> 2011**
- Provide at least ONE of the following documents for verification:
  - Copy of current Oregon Trail Card
  - Proof of enrollment: Medicaid or Oregon Health Plan
  - Proof of acceptance: School's Free or Reduced-fee School Lunch Program
  - Proof of enrollment: WIC Program
- A copy of most recent Federal Tax Return (IRS Form 1040, page one) *will be required for 40% or 50% awards*
- Pay a non-refundable deposit of \$200 due at the time of application
- Agree to pay remaining fees in six monthly payments January through July
- Agree to fulfill 10 hours CFC volunteer requirement

Scholarships are awarded on the basis of information provided at the time of application. Awards of 40% or 50% will be based on household income using HUD HOME program income tables for Salem.

**Scholarship awards will be credited to player accounts monthly on a matching basis:** if monthly payments are not received by the 15<sup>th</sup> of each month, no scholarship will be awarded for that month and the full \$85 monthly payment will be due and payable immediately for players to remain eligible.

Applicants will be notified of the amount of scholarship awarded and required monthly payments by Friday, December 23<sup>d</sup> 2011.

If a player joins the competitive program after the specified deadline, scholarship amounts and fees may be pro-rated. Scholarship application and supporting documentation must be received by the office within seven days of a player joining the program for consideration.



**Cascade Fútbol Club Scholarship Application 2012**  
U15 – U19 Competitive Program

Player Name \_\_\_\_\_ Team \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Group: U15 U16 U17 U18 U19 Gender: M F

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

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Race – Please check the racial or ethnic identity of player:

**White      Black      Hispanic      Native American      Asian/Pacific Islander**

\*your voluntary response helps CFC in applying for grants

**Financial Information (required)**

Total Annual Gross Income earned by ALL adults in your household: \_\_\_\_\_

How many adults are supported by household income? \_\_\_\_\_ How many children? \_\_\_\_\_

Amount of child support your household received last year from a non-custodial parent: \_\_\_\_\_

Amount of Social Security payments received last year: \_\_\_\_\_

**Provide at least one of the following documents for verification:**

- Copy of current Oregon Trail Card
- Proof of enrollment in Medicaid or Oregon Health Plan
- Proof of acceptance into school’s Free or Reduced-fee School Lunch Program
- Proof of enrollment in the WIC Program
- AND, Copy of most recent Federal Tax Return (IRS Form 1040, page one) **required for 40% or 50% awards**

To the best of my knowledge, the information and the attached documentation are a true and accurate representation of my present financial standing. The deliberate misrepresentation of any information may result in the withdrawal of player’s scholarship.

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_