

Cook Inlet Soccer Club Competitive Scholarship Program

PROGRAM DESCRIPTION:

Cook Inlet Soccer Club (CISC) offers a scholarship program for youth soccer participants who are in need of financial assistance in order to play soccer on a competitive team. Each scholarship request is considered on a per season basis and covers club fees only. No assistance is offered for other expenses, including coaching fee, travel, and additional team level fees. Parents of scholarship applicants are expected to provide volunteer time to the CISC Competitive or Recreational Program during the season for which the scholarship is granted.

CONFIDENTIALITY:

All scholarship information is for the sole purpose of helping the Scholarship Committee make grants. These requests are strictly confidential and will not be shared with anyone other than the Competitive President, Competitive Coordinator, Scholarship Committee, and if needed by the CISC Board of Directors.

SCHOLARSHIP PROCEDURES:

Each applicant must complete the Scholarship Application Form when registering for the upcoming season. The form must be filled out completely. Failure to do so can result in a denial of assistance.

The application should be submitted with the player registration form.

A copy of the original application will be filed in the CISC office.

Applicant information will be entered into an applicant database. This database will be used to assign and track volunteer hours as well as the amount of cumulative assistance awarded per player.

The Scholarship Committee will review all scholarships at the next scheduled competitive council meeting.

Upon approval a representative of the committee will notify the coach or manager of the applicant's team.

Notification will be via e-mail and us mail.

The committee or the Competitive Treasurer will notify the CISC treasurer.

The approved application will be filed accordingly along with the appropriate updates within the applicant database.

Any applications for scholarship that are denied must be presented to the CISC BOD.

The committee will notify any applicants and coach if not approved.

Forms can be mailed to:

Cook Inlet Soccer Club
9210 Vanguard Drive
Anchorage, AK 99507
Attn: Competitive Treasurer

Competitive Player Scholarship Form

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Part I

Date of Request: _____ Season: _____
 Team: _____ Age Level: _____

Player Information:

Applicants Name: _____
 School: _____
 Address: _____
 City: _____ Zip: _____

Parent/ Legal Guardian or Team Representative Information:

Name: _____
 Relationship: _____
 Daytime #: _____ Evening #: _____
 Email Address: _____
 Free or reduced lunch program (Yes / No) circle one please
 If yes, what percent? _____

Reason for Request:

Volunteer Information:

Please check your interest in areas you would like to offer your assistance. You may check more than one. Please note that you must complete a minimum of 4 hours of volunteer time if you receive financial assistance. The CISC office will track these hours. Any questions on volunteer time or location can be forwarded to the competitive coordinator @ competitive.coordinator@ciscsoccer.org.

- | | |
|--|--|
| <input type="checkbox"/> Spring Tryouts | <input type="checkbox"/> Club Fundraiser |
| <input type="checkbox"/> Fall Tryouts | <input type="checkbox"/> Team Pictures |
| <input type="checkbox"/> Office Clerical | <input type="checkbox"/> Team Uniforms |

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform CISC of any changes to my income, family size, or ability to pay. I understand that incomplete information could jeopardize eligibility for financial assistance. I have read the above program description and understand there is no guarantee of fee assistance. I understand that CISC and associated members make no promise or assurance of financial aid, and the award amount is subject to funds available and the family’s ability to pay.

Parent or Legal Guardian:

Signature: _____ Date: _____

Part II

To be completed if a family is applying for more than one applicant.

Secondary Applicant: _____

Age: _____

Club Team: _____

Secondary Applicant: _____

Age: _____

Club Team: _____

Secondary Applicant: _____

Age: _____

Club Team: _____

Family Income:

Monthly Income (wages): \$ _____ Unemployment: \$ _____

Public Assistance: \$ _____ Food Stamps: \$ _____

Total Club Based Fees: \$ _____ Parent Contribution: \$ _____

Total Amount Requested: \$ _____ Other (awards): \$ _____

Official Use Only:

Date of Review: _____

Applicant is (approved / not approved) *circle one please*

Approval Date: _____

Approval Amount: \$ _____

Reason for denial:

Committee Signatures:

Full Name: _____

Signature: _____

Title: Competitive President

Full Name: _____

Signature: _____

Title: Competitive Treasurer

Full Name: _____

Signature: _____

Title: Competitive Council Officer