

# Columbia Soccer Club Financial Aid Request Form

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

- 1) Please indicate family income by circling one of the following choices:
  - a) Under \$15,000
  - b) Between \$15,001 and \$20,000
  - c) Between \$20,001 and \$30,000
  - d) Between \$30,001 and \$40,000
  - e) Between \$40,001 and \$50,000
  - f) Over \$50,000
  
- 2) Does your family qualify for the “free lunch” program with Columbia Public Schools? Yes / No
  
- 3) Does your family qualify for the “reduced lunch” program with Columbia Public Schools? Yes / No
  
- 4) How many children are dependent upon the family income circled above? \_\_\_\_\_
  
- 5) Please list names and ages of children that would like to participate with the Columbia Soccer Club. Program should be listed as Recreational / Academy / Pride  

Name: _____	Age: _____	Program: _____
Name: _____	Age: _____	Program: _____
Name: _____	Age: _____	Program: _____
Name: _____	Age: _____	Program: _____
Name: _____	Age: _____	Program: _____
  
- 6) Volunteer opportunities exist to help supplement registration fees – circle any you would be interested in
  - a) Division Coordinator (Rec)
  - b) Team Manager (Pride)
  - c) Referee (Rec)
  - d) Coach / Assistant Coach
  - e) Park Maintenance
  - f) Bingo
  
- 7) On the back of this form please list any additional relevant information pertaining to the necessity of receiving financial aid.

After completion of this form please return it to you Pride team manager or the club Registrar (mail to: CSC – PO Box 7506 – Columbia MO 65205). Please contact a member of the scholarship review committee with any questions you may have.