

<u>Official use Only</u> _____ Date Rec'd _____ Funding approved _____ Funding denied
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P.O. Box 2554 – Twin Falls, Idaho 83303

208-316-7005 – www.twinfallsrapids.com

**TWIN FALLS SOCCER ASSOCIATION
SCHOLARSHIP APPLICATION**

**This application must be submitted no later than October 25 to:
 TFSA P.O. Box 2554 Twin Falls ID 83303**

Financial assistance is available, based on individual necessity, for all eligible players participating in the Twin Falls Rapids Soccer Club. Please complete the information requested in detail. We encourage athletes to raise money to cover fees by asking family members, friends, or businesses to sponsor you before, or in addition to, requesting assistance from the Club as we have limited funds available for these scholarships. Sponsorship forms are available on the club website www.twinfallsrapids.com

PLEASE TYPE OR PRINT CLEARLY

Players Name: _____ Birth Year: _____
 Parents Name: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Telephone: (H) _____ Secondary (M) _____

VERIFICATION OF ELIGIBILITY FOR SCHOLARSHIP FUNDS

Please attach a complete copy of your last income tax return to this application. If you do not have an income tax return you must submit an affidavit from your child's school (school letterhead with official signature) confirming your child's eligibility for the free school lunch program to be considered for scholarship funds.

Families who meet financial eligibility guidelines will be considered eligible for scholarship funding (half the membership fees). Families that do not meet financial eligibility guidelines but that demonstrate extenuating circumstances will be considered separately for scholarship funding up to half the membership fees. To be considered, a brief written description of the extenuating circumstances must be attached to this application.

SCHOLARSHIP RECIPIENT CONTRACT

All athletes receiving scholarship funds are expected to participate in all practices/games/tournaments unless excused by their coach due to illness or other extenuating circumstances. All recipients are also required to assist in field preparation for the spring season outdoor practices, Canyon Rim Classic tournament hosted by the TFSA/RAPIDS each April, &/or other tournaments hosted by the TFSA/Rapids (approximately 6 hours of service). If the recipient does not comply with these conditions he/she will be considered ineligible for scholarship funding for the next fall/spring season.

We (athlete & parent/guardian) agree to the conditions specified in the application.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____