Allen Katner Memorial Scholarship Fund SCHOLARSHIP REQUEST FORM

Fall Applications must be received by October 31

Spring Applications must be received by May 1

PLEASE REFER TO THE UPDATED SCHOLARSHIP PROGRAM INFORMATION ON PAGE 3 BEFORE COMPLETING AND SUBMITTING FORM

Date of application: Ha	_ Have you requested aid before? Yes/No Amt Last Rec'd:		
Current Season: Fall Spring, Ye	ear: Numb	er of Seasons Played:	
		Age Level:	
Club Applicant is associated with:			
Club President's Name:		Phone:	
E-Mail:	_ Club Address:	2	Zip:
Name of Applicant:			
Name of person filling out form:			
Relationship to Applicant:		_ Your E-Mail:	
Applicant's Parents Name(s):			
Applicant's Home Address:			
City:	_ Zip:	Phone:	

CONFIDENTIAL SCHOLARSHIP WORKSHEET

To be filled out by Applicant's Club President or Executive Board Member

Breakdown of Applicant's Expected Soccer Fees (CURRENT SEASON ONLY):

Applicant will owe \$	for Coaching				
Applicant will owe \$	for Field usage or Field Equipment Fees				
Applicant will owe \$	for League Fees (Paid to IYSA, G.I.R.L.S. for Registration Etc.)				
Applicant will owe \$	for Club Fees (Include Administrative and Insurance Fees)				
Applicant will owe \$	for Officials/Referees				
Applicant will owe \$	for (Other)				
Name of Person that completed fee section:					
Club President/Executive Board Member Signature:					
Title:					
Is Club awarding scholarship to this applicant?					
If you answered yes, please provide club award amount					

Please return completed form to Mike R. Ireland 605 Ohio St. Suite 316, Terre Haute, In. 47807

Total Applicable Fees Due: \$ _____

CIYSL SCHOLARSHIP REQUEST FORM- PAGE 2

Program Summary:

Central Indiana Youth Soccer League is pleased to offer a scholarship program for soccer athletes who are in need of financial assistance in order to play in the CIYSL League. Each scholarship request will be considered on a per season basis. See complete program description on page 3.

Confidentiality:

All scholarship information is for the sole purpose of helping the CIYSL Scholarship Committee decide who the most needy individuals are for a particular season. These scholarship requests are strictly confidential and will not be shared with anyone other than the applicant's Team Manager (if applicable), the applicant's Club President or Executive Board Member. **Please return completed form to: Michael R. Ireland 605 Ohio Street, Suite 316, Terre Haute, IN. 47807**

DO NOT WRITE IN THIS SPACE! FOR CIYSL Scholarship Committee ONLY! Scholarship Denied Reason:

Scholarship Appro	ved		
Amount Awarded \$_	Check #	Date Sent	
Sent to:	Club		

CONFIDENTIAL FAMILY FINANCIAL INFORMATION

How much of the fees can you afford to pay?	
Do you own or rent your home?	Number of wage earners in household?
Employed Full/Part-Time Receive Unemploym	nent? Yes/No Receive Support? Yes/No
Number of persons living in the household:	# Adults
# Children (school age) # 0	Children (under school age)
Do you qualify for free or reduced lunch progra	am (yes/no): If yes, what percent?
Do you qualify for other public assistance? Ye	s/No Food Stamps? Yes/No
	financial assistance programs (script, candy sales,
volunteer at concerts, sporting events, etc.)? \	Yes/No
If yes, which ones?	
If not, why?	
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Briefly describe why Financial Aid is being requested at this time. If more space is needed, continue on back.

CIYSL SCHOLARSHIP PROGRAM

INSTRUCTIONS

All registered players in the CIYSL league are eligible.

Players from any team participating in the CIYSL League, whose team is in good standing, may request financial assistance from the CIYSL Scholarship Program. The completed request form must be given to your club president or an executive board member of the club for approval before submitting it to CIYSL for consideration.

If special circumstances exist, a team manager may also submit applications to your club anonymously.

Incomplete applications will not be considered and may be returned.

Clubs must provide a complete breakdown of the Applicant's Expected Soccer Fees for one season. Applications will be returned to clubs if the expected fees are submitted as a lump sum or full year fees are submitted.

Scholarship candidates should fill out an application and submit it to their team manager, Club President, or a member of the Club's Executive Board prior to the beginning of League play for the spring or fall season. The CIYSL Scholarship Committee will review all application(s) and approve any request(s) based upon the information provided in the application. Applications for **spring** season must be received by **May 1** and for **fall** season by Octorber 31.

PROGRAM DESCRIPTION: Central Indiana Youth Soccer League is pleased to offer a scholarship program for soccer athletes who are in need of financial assistance in order to play in the CIYSL League. Each scholarship request will be considered on a per season basis for coaching, club base fees, field usage or field equipment fees, officials or referee fees, league fees and other fees deemed acceptable by the CIYSL Scholarship Committee.

The following fees will not be considered for scholarship awards: coaches travel expenses, uniform expenses, player/family travel expenses, tournament fees, camp or clinic fees.

Scholarship applicants are expected to meet the volunteer commitment required by their travel soccer club during the season for which the scholarship is granted.

Requests should be made through your team manager who will review the request and will submit it to your club president or an executive board member of the club for their signature and review.

The application will then be presented to CIYSL Scholarship Committee.

Fee assistance is not guaranteed with the submission of this scholarship request.

CONFIDENTIALITY: All scholarship information is for the sole purpose of helping the CIYSL League to award scholarships to athletes in need of financial aid. These scholarship requests are strictly confidential and will not be shared with anyone other than the CIYSL Scholarship Committee.

Revised 01/04/2005