

# DUNCANVILLE SOCCER ASSOCIATION

## HARDSHIP SCHOLARSHIP REQUEST FORM

**SCHOLARSHIP APPLICATIONS WILL REMAIN OPEN FOR THE ENTIRE SOCCER SEASON  
PLEASE REFER TO THE SCHOLARSHIP PROGRAM INFORMATION  
ON PAGE 2 BEFORE COMPLETING AND SUBMITTING FORM**

Date of application: \_\_\_\_\_ Have you requested aid before? Yes/No \_\_\_\_\_ Amt Last Rec'd: \_\_\_\_\_  
Number of Seasons Played at DSA: \_\_\_\_\_  
Team Name applicant is on: \_\_\_\_\_ Age Level: \_\_\_\_\_  
Coach: \_\_\_\_\_ Manager: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Name of person filling out form: \_\_\_\_\_ Your Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Your E-Mail: \_\_\_\_\_  
Applicant's Parents Name(s): \_\_\_\_\_  
Applicant's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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 Unemployment? Yes/No \_\_\_\_\_ Receive Support? Yes/No \_\_\_\_\_  
TOTAL Number of persons living in the household: \_\_\_\_\_ # Adults \_\_\_\_\_  
# Children (school age) \_\_\_\_\_ # Children (under school age) \_\_\_\_\_  
Do you qualify for free or reduced lunch program (yes/no): If yes, what percent? \_\_\_\_\_  
Do you qualify for other public assistance? Yes/No \_\_\_\_\_ Food Stamps? Yes/No \_\_\_\_\_

Briefly describe why Financial Aid is being requested at this time. If more space is needed, continue on back.

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#### Program Summary:

Duncanville Soccer Association is pleased to offer a need-based scholarship program and a fee assistance program for soccer athletes who are in need of financial assistance in order to play Duncanville Youth Soccer. Each request will be considered on a per soccer season basis. See complete program description on page 3.

#### Confidentiality:

All scholarship information is for the sole purpose of helping the Duncanville Soccer Association decide who the most needy individuals are for a particular season. All requests are strictly confidential and will not be shared with anyone other than the applicant's Team Manager or Coach (if applicable), and the Duncanville Soccer Association Scholarship Committee and Board of Directors. **Please return completed form to: 214 S. Main St. #104A Duncanville, TX 75116**  
**Attn: DSA Need Based Scholarship Committee.**

## INSTRUCTIONS

All registered players from any team participating in the Duncanville Soccer Association, whose team is in good standing, may request financial assistance from the Duncanville Soccer Association Scholarship Program.

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

Scholarship candidates should fill out an application and submit it to their team manager or Duncanville Soccer Association Scholarship Committee. The Committee will review all applications and approve / deny any requests based upon the information provided in the application.

As funds become available, DSA Scholarship Committee will open an application window.

Applications must be received by the posted deadlines to be eligible for the scholarship window.

Incomplete applications will not be considered and may be returned.

If the request is approved, correspondence confirming the recipient of the award and the amount will be sent to the team manager or coach as applicable, and to the recipient's parent or guardian.

Approved requests will generate an internal transaction of the award to the appropriate player account in the name of the award recipient.

**DO NOT WRITE IN THIS SPACE! FOR DSA ONLY!**

**Denied**

Reason: \_\_\_\_\_

**Approved**

Amount Awarded \$ \_\_\_\_\_

Notification Sent to: \_\_\_\_\_ Team Representative \_ \_\_\_\_\_ Parent/Guardian

**Conditions of Scholarship have been met and Scholarship is awarded**