

Scholarship Application
Please Read Carefully

Thank you for your interest in Norwood Youth Soccer. It is the intent of Norwood Youth Soccer to not deprive Norwood residents from participation in Norwood Youth Soccer Intramural and Travel programs due to financial hardships. Scholarships are based upon financial need, and are for Norwood residents only. Scholarships are not applicable for Uniform fees or Clinics.

Enclosed please find a Scholarship application form. Please email a copy of this form with copies of the following:

- Proof of Residency (Copy of utility bill or lease with address printed on it)
- Current income statement - Income reported on most recent tax return, monthly income, amount of supplemental aid received per month including but not limited to social security, disability, TAFDC, unemployment, veterans benefits, child support, alimony, pension or workman's compensation.
- Any other information that you feel will best explain your financial need.

Forms and supporting information should be emailed to norwood_soccer@yahoo.com or mail to Norwood Youth Soccer - PO Box 782, Norwood, MA 02062.

Please note: Submitting incomplete information will result in delaying the approval process, so be certain to attach all requested information.

Each applicant's information is confidential and reviewed on its own merit. The financial assistance award is valid for one calendar year. Should your financial status change during the course of the award, please inform the Norwood Youth Soccer Executive Board at norwood_soccer@yahoo.com. Should the Norwood Youth Soccer Executive Board discover that information is false or residency has changed, we reserve the right to immediately revoke your financial assistance and the participant may be removed from the program.

Application for Scholarship requires the payment of a \$15.00 application/insurance fee, which covers the cost of your child's affiliation with Mass Youth Soccer.

Families receiving a waiver will be required to volunteer for (2) shifts at the concession stand during the 10-week season. Shifts will be either on Friday nights between 6 and 8 PM or on Saturday Mornings between 9-11.

Questions should be directed to the Norwood Youth Soccer - Registrar at norwood_soccer@yahoo.com.

Norwood Youth Soccer
Scholarship Application Request

Head of Household: _____ Occupation: _____

Home Phone: _____ Employer: _____

Address: _____ Phone: _____

of Children in Household: _____ # of Adults in Household: _____

Prior Year Income (from most recent tax form): _____

Current Gross Monthly Income: _____

Income Sources: _____

Does your child(ren) qualify for Free Lunch: Yes No

Check any services you currently receive:

- Food Pantry Food Stamps WIC Child Care Voucher

Other Aid received: _____

Briefly provide any additional information why financial assistance may be appropriate:

Participants:

Name	Age Group	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, have read and understand the guidelines of the scholarship application.

Signature: _____ Date: _____