



LEG-A-Z Scholarship Application 2020-2021

This form must be filled out and submitted with copies of the past two previous tax returns. Please white out your social security numbers. If unable to provide the necessary documents, please fill out page two and email legazregistrar@gmail.com. This application will be reviewed by the LEG-A-Z board to determine if your child is eligible for a full or partial scholarship. The deadline for this application is August 31st, 2020 for a child that will be eligible for the fall roster. All applicants will pay a \$100 registration regardless of approval for a scholarship which covers GotSports registration fees that will be added to there balance.

Please print:

Child's name: _____

Birthdate: _____

Parents/guardians name: _____

Contact phone numbers: _____

Email: _____

How much of the club fees are you willing to contribute with the balance being the scholarship contributed by the club? (Ex. Dollar amount or Percentage) _____

Whether you qualify for a full or partial club scholarship, YOU ARE STILL FULLY RESPONSIBLE FOR THE INDIVIDUAL TEAM FEES.

If you receive approval for a scholarship amount, 50% of the amount of the outstanding balance is due the time of registration.

The balance is due no later than December 5, 2020.

By applying for this scholarship program, we ask to put in a minimum of 10 volunteer hours through the fall to spring seasons. This can be in the form of running fundraisers, helping with field preparation, helping banquet setup, Recreational teams etc. This volunteer work can be at the club level or the team level.

By applying for this scholarship program, you acknowledge that if you decide to ask to be released from LEG-A-Z Soccer Club you will be responsible for the full amount of your club fees and a release fee of \$600. If you do not fulfill the full length of contract of the Florida Youth Soccer season you will be responsible to pay the full amount that is designated for your child's team. If it is not paid it will be filed with FYSA as an outstanding balance.

Signature _____ Date _____

Print name _____



Annual Family Income: _____
(Including gross wages + public assistance + child support/alimony + social security + disability + other)
Your 2019 Federal Tax Return if available.

Does the applicant receive free/reduced lunch? _____

Is the applicant or family the beneficiary of a Florida Assistance or Aid Program? _____

Total number of family members living in the home: _____

Do you own or rent your home: _____ Monthly Housing Expense: _____

Scholarship amount requested: _____

Please explain any special circumstances that contribute towards your need for financial assistance:

I certify that all materials supplied and statements made in connection with this application are true to the best of my knowledge.

Parent/Guardian signature: _____

Date: _____

Leg-A-Z Scholarship Program use only:
Date Received: _____

Scholarship granted: Yes _____ No _____ Amount: _____

Date sent to Applicant: _____

