



THE PACESETTER SOCCER CLUB
SCHOLARSHIP APPLICATION FORM



Must Be Printed or Typed – Use One Application per Family

Applicant's Name: _____

Player's Name: _____ Age/Team: _____

Player's Name: _____ Age/Team: _____

Player's Name: _____ Age/Team: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: (_____) _____ - _____

How many dependent children in the household? _____ Season: Fall or Spring
(you must reapply each season)

How long has your family been involved with The Pacesetter Soccer Club? _____

Please list other children that have played previously for The Pacesetter Soccer Club:

Please list any financial concerns that should be taken into consideration regarding this application:

Have you received financial support from this club in the past? Yes () No ()

If yes, when and how much? _____

PERSONAL DATA

FATHER

Name: _____

Address: _____ Phone Number: (____)_____-_____

City:_____ State: _____ Zip Code:_____

Employer: _____ Annual Income: _____

Marital Status: SINGLE () MARRIED () DIVORCED () SEPARATED ()

MOTHER

Name: _____

Address: _____ Phone Number: (____)_____-_____

City:_____ State: _____ Zip Code:_____

Employer: _____ Annual Income: _____

Marital Status: SINGLE () MARRIED () DIVORCED () SEPARATED ()

GUARDIAN(S)

Name(s): _____

Address: _____ Phone Number: (____)_____-_____

City:_____ State: _____ Zip Code:_____

Employer: _____ Annual Income: _____

To be considered for this assistance, you must provide the following documents:

Fall Season: Signed copy of 2009's federal income tax statement.

Spring Season: Signed copy of 2009's federal income tax statement and copies of 2010 W-2(s); OR signed copy of 2010's federal income tax statement

Please explain why you are submitting an application for financial assistance:

How much financial assistance are you requesting? _____

I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.

Parent(s) Signature: _____ Date: _____

_____ Date: _____

All information submitted and any scholarship granted will be kept strictly confidential by The Pacesetter Soccer Club Board of Trustees. Any false statements in this application may result in disqualification from receiving scholarship funds.

Applications submitted must be received by June 30 for the fall season and February 15 for the spring season. Applicants shall be notified by phone or e-mail approximately 3 weeks after the application deadline.

Please submit this form by mail to:
Scholarship Committee
The Pacesetter Soccer Club
5400 W Central Ave
Toledo, Ohio 43615

FOR OFFICE USE ONLY

Amount of Scholarship Awarded _____ Date ____/____/____

Reason Denied _____

Fritz Klein _____

Pete Tomassini _____

Scott Ramey _____