



# Scholarship Application Form

Silicon Valley Eagles Youth Soccer Academy

This scholarship program provides assistance to players of low income families or families who have experienced sudden financial hardships. Scholarship requests must be received by the Silicon Valley Eagles Soccer Club on or before August 1st. The scholarship committee will consider all complete applications received by the application deadline. The amount of the scholarship awarded (if any) depending on the number applicants and amount of scholarship funds available. Silicon Valley Eagles Youth Soccer Academy has a very limited amount of funding available for scholarship athletes. No guarantee of assistance is implied in this application.

**- Scholarship requirements for eligibility (Must check all):**

- Commitment to attend scheduled practices and games.

**- Eligibility Guidelines (Must check all):**

- Provide a basis of financial need due to low/no income, excessive medical expenses, family hardships, etc.
- Provide a recent paycheck stub AND a copy of the most recent Federal Income Tax Form (1040).
- Be willing to pay the remaining amount of the full registration fee. Only partial scholarships are available.
- Applications will be kept confidential. Notification of acceptance will be emailed to you.
- Complete this form and email to [register@sveagles.com](mailto:register@sveagles.com)

**Player Full Name:** \_\_\_\_\_

**SV Eagles Team:** \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**- Why should your child be awarded SV Eagles Soccer scholarship (parent)?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**- What does playing soccer mean to you (player)?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided in this application is true, accurate and complete. (Must Check)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_