

NOKC SOCCER
SCHOLARSHIP APPLICATION

Please complete the information requested in as much detail as possible and return to NOKC Soccer. Your application will be reviewed and you will be notified of any decisions, or there may be a request for additional information. This application does not guarantee participation in NOKC Soccer programs, but will be used for the sole purpose of determining approval and the amount of financial assistance.

APPLICANT INFORMATION

Applicant's Name _____ Home Phone _____
Street Address _____ City _____ State _____ Zip _____
Children Name(s) 1. _____ Birthday ____/____/____
2. _____ Birthday ____/____/____
3. _____ Birthday ____/____/____
4. _____ Birthday ____/____/____

FINANCIAL INFORMATION

Employer _____ Position _____
Address _____ Gross Monthly Earnings \$ _____
Work Phone _____

Spouse's Employer _____ Position _____
Address _____ Gross Monthly Earnings \$ _____
Work Phone _____

Please list additional monthly income (child support, welfare payments, unemployment, etc.)

☐ _____ \$ _____
☐ _____ \$ _____
☐ _____ \$ _____
☐ _____ \$ _____

Please list any extraordinary family expenses (medical, alimony, educational loans, etc.):

TYPE AMOUNT

Please list all persons that you support:

NAME AGE RELATIONSHIP

Do you own your home? YES _____ NO _____

Do you rent? YES _____ NO _____

Monthly Rent/Mortgage Payment \$ _____

Please share your reason for financial assistance or indicate other factors you wish to be considered:

I understand that all information given to North OKC Soccer will be kept confidential. (I understand that the information that I provided will be evaluated to determine whether I qualify for financial assistance.) I understand that all financial assistance is awarded based on the availability of funds and that this application is good for one year from the date the application was received. I will make North OKC Soccer aware of any changes in my financial status and I understand that I may be requested to complete another financial assistance form. To the best of my knowledge, all of the information I have provided is true and complete. I understand that any falsification of information requested will forfeit eligibility for any financial assistance.

Signature _____ Date _____

Please Mail Application to:
Alli Fansher
10528 Westover Avenue
Oklahoma City, OK 73162