

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Scholarship Y \_\_\_\_ N \_\_\_\_
- 2. \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Scholarship Y \_\_\_\_ N \_\_\_\_
- 3. \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Scholarship Y \_\_\_\_ N \_\_\_\_
- 4. \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Scholarship Y \_\_\_\_ N \_\_\_\_

\*Please check YES or NO next to the child/children that you are applying for soccer financial assistance

**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:**

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*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 season from the date the application was received. I understand that I must volunteer at the NOKC complex for 4 hours to receive scholarship.*

*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