



Soccer Chance Academy Portland Financial Aid Application

Player Name _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Parent(s) Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

The following information is required to assist the SCA Scholarship Committee in determining eligibility. This information will be held in confidence, will not be disclosed to anyone except the SCA scholarship committee, and will be used only for the purpose of determining eligibility for SCA financial aid.

Please use the space below to explain why you need SCA financial aid. Please include any extenuating circumstances.



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Household members and monthly income - list all people living in your home who have an income.

Name _____ Salary and wages _____

Name _____ Salary and wages _____

Number of members in household _____

Does your family use free or reduced school lunch program? Yes _____ No _____

If possible, please attach one of the following documents:

1) School lunch program qualification letter OR

2) Federal Income Tax return (first page only)

Please submit application and documentation to address listed on website.

Parent/Guardian: I certify that all information provided is true and correct. I understand that this information is being given for the receipt of scholarship funds and that Soccer Chance Academy Portland may verify the information on the application and that deliberate misrepresentation of the information may result in the withdrawal of any scholarship funds. I further understand that the granting of scholarships is at the sole discretion of the SCA Board of Directors and scholarship coordinator, and will accept their decision as final.

Signature of Parent / Guardian _____

Date _____ Printed Name: _____

Please return this application to Dan Ferguson or Joe Smith at Soccer Chance Academy Portland.