



Scholarship Application 2007-2008 Season

It is the mission of SoccerZone to provide financial assistance for players in need. An application for scholarship assistance is a certification that the player will not be able to participate in the program without scholarship assistance due to severe family financial situations.

Completed applications should be submitted to:

**SoccerZone Lansing
Attn: Scholarship Committee
4900 Contec Dr.
Lansing, MI 48910**

For more information contact:

Eric Larsen
Assistant Facility Manager
TEL: (517) 394-5425
FX: (517) 394-1616
E-mail: elarsen@soccer-zone.com

SoccerZone is an equal opportunity organization. It forbids discrimination on the basis of race, religion, sex, nationality, age and health needs.

Frequently Asked Questions

Q. What is scholarship assistance?

A. The SoccerZone Lansing scholarship program uses all available resources to provide support to those who have financial need and qualify for assistance.

Q. Who is eligible for scholarships?

A. Any player who is under 18 years of age as of July 31, 2007.

Q. For what programs can scholarship assistance be used?

A. Scholarship assistance is strictly intended for use toward fees associated with team play. The assistance cannot be used for discounts for camps, shooting & finishing clinics, birthday parties, special events, or Back of the Net retail merchandise. Scholarship assistance cannot be used for more than one team per season, regardless of the number of teams with which the player is registered.

Q. How will the scholarship amount be determined, and how quickly can I expect to receive a decision?

A. Scholarship dollars will depend on the following:

- Money in reserve for scholarships
- Number of soccer players applying for scholarships
- Financial needs of the family
- Family's commitment to supporting SoccerZone
- Soccer player's commitment to supporting SoccerZone.

Scholarships that are granted may be distributed in partial fees. Eligible applicants will be confirmed and awarded scholarships one month after the application deadline.

Q. Who will be reviewing my application?

A. Your application will be reviewed in strict confidence by the SoccerZone Scholarship Committee.

Q. How long will the scholarship assistance continue?

A. Scholarship assistance must be used in the season during which you apply. Scholarship assistance cannot be "rolled over" to additional seasons. A new application must be received for each season in which you would like to request assistance.

Q. How do I apply?

A. Complete the scholarship assistance application form in this brochure. A complete application must include copies of the last two pay stubs for household members who are currently employed. Applications must be received by the deadline date in order to be considered.

Q. When is the deadline for submission of the application?

A. Applications must be received by:

- Season 1 (Fall 2007):
August 1, 2007
- Season 2 (Winter 2007):
November 1, 2007
- Season 3 (Spring 2008):
February 1, 2008

Q. Am I guaranteed scholarship assistance when I apply?

A. Submission of a scholarship application does not guarantee approval.

Q. What is expected of me, if I receive scholarship assistance?

A. The applicant(s) and player will be expected to abide by the Conditions of Scholarship Assistance outlined in the application. Applicant(s) and/or player will also be expected to volunteer at SoccerZone for 10 hours per awarded scholarship season.

Scholarship Application

Please complete the following form and return to SoccerZone Lansing.
Please print clearly.

GENERAL INFORMATION	
DATE OF APPLICATION:	
SOCCER SEASON: <i>Please indicate season(s) for which you are applying for scholarship assistance by placing an "X" in the box.</i>	<input type="checkbox"/> Season 1 (Fall 2007) <input type="checkbox"/> Season 2 (Winter 2007) <input type="checkbox"/> Season 3 (Spring 2008)
SOCCER PLAYER'S NAME:	
SOCCER PLAYER'S AGE (AS OF 7/31/07):	
SOCCER PLAYER'S ADDRESS:	
SOCCER PLAYER'S PHONE NUMBER:	
FAMILY INFORMATION	
GUARDIAN'S NAME:	
GUARDIAN'S ADDRESS:	
GUARDIAN'S PHONE NUMBER:	
GUARDIAN'S E-MAIL ADDRESS:	
GUARDIAN'S OCCUPATION:	
HOUSEHOLD SIZE: <i>Please include any adults or children that are permanent residents of the household.</i>	_____ NUMBER OF ADULTS _____ NUMBER OF CHILDREN
HOUSEHOLD INCOME PER MONTH:	\$ _____

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Applicant(s) and/or player will be expected to volunteer at SoccerZone for 10 hours per awarded scholarship season. Volunteer hours may be completed in one or several of the areas listed below. Please indicate in which area(s) you or your player would like to volunteer and the Scholarship Committee will try to accommodate your request.

(List in order of preference 1-3, with 1 being the 1st choice and 3 being the last choice.)

<i>Volunteer Area</i>	<i>Preference</i>
Field Maintenance (Cleaning boards, vacuuming fields, net maintenance, etc.)	
Back of the Net Retail Store (Inventory, stocking, etc.)	
General Maintenance (Sweeping, painting, cleaning of equipment, etc.)	

I certify that the above information is true and complete to the best of my knowledge and that I have enclosed with this application the mandatory copy of my two most recent pay stubs:

Signature

Date

Printed Name

CONDITIONS OF SCHOLARSHIP ASSISTANCE

Approval for SoccerZone Lansing scholarship assistance does not guarantee a right to continued participation. Participants who are consistently disruptive, repeatedly detract from the experience of their teammates and/or opponents, or who behave aggressively toward others may be suspended from play at the sole discretion of SoccerZone Lansing Staff. Suspensions will be reviewed and taken into consideration during any future scholarship application reviews.

My player will commit to being a role model for other players and to show exemplary sportsmanship on and off the field of play.

I, and/or my player, will commit to fulfilling the volunteer duties directed by SoccerZone Lansing management.

I have read the above Statement of Conditions and my signature indicates my agreement to these terms:

Signature

Date

Printed Name