

ILLINOIS FUSION SOCCER – APPLICATION FOR PLAYER SCHOLARSHIP/GRANT

Mail this application along with the first 2 pages of parent's most recent tax return to the address listed below. All applications must be submitted by July 15th. Late applications or missing documentation could result in a denied request.

Age Group: _____ Male/Female Team Coach: _____

Players Name: _____ Date of Birth: _____

Address _____ City: _____ Zip _____

Father's Name: _____ Mother's Name: _____

Address _____ City _____ Zip _____

Home Phone: _____ Email: _____

Briefly describe why you, as the parent/guardian, are requesting this assistance. Use the space provided below and attach additional sheet(s) if necessary. Be sure to indicate if your request is for a Full or Partial Scholarship. If for a Partial Scholarship, please indicate the amount requested.

Current employer (father): _____ Phone; _____

Address _____ City: _____ Zip _____

Current employer (mother): _____ Phone: _____

Address _____ City: _____ Zip _____

Any other source of employment/income: _____

Illinois Fusion Soccer Board Section

Club President's signature: _____ Date: _____

Decision: ___ Approved ___ Denied Amount: _____ Applicant notified: By: _____ Date: _____

Submit form to:
Illinois Fusion Soccer Finance Committee
705 E. Lincoln St., Suite 113
Normal, IL 61761