

**Iowa Soccer Club
2009-2010 Scholarship Application**

Date _____

Player's Name _____

Parent(s) Name(s) _____

Address _____

City _____ Zip _____ Phone _____

E-mail Address: _____

ISC Team _____

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Monthly Scholarship Amount Requested _____

(Full and Partial scholarship funds are only available for coaching fees. U8 Fees are \$25 per month, U9-U10 fees are \$45/month, U11-U18 fees are \$50/month., You will be responsible for paying the \$100 Registration fee and the ISC Facility Fee of \$80 for U/8, \$250 for U9-U14, and \$280 for U15-U18.)

Number of months you request scholarship support (soccer year runs from August through July) _____

Are you applying for ___ Free or ___ Reduced School Lunch?

(Please provide a note from your school's administrator confirming this support when it is approved. If you are not applying or approved, please submit a copy of your last Federal Income Tax form. All information will only be seen by the Scholarship Committee and will otherwise remain confidential.)

Please briefly explain your situation if necessary:

Please complete this form and mail it to:

Iowa Soccer Club
ATTN: Scholarship Committee
220 Lafayette St
Iowa City, IA 52240