



Sanford Area Soccer League

P.O. Box 1212 Sanford, NC 27331-1212 / 919-708-6886 / info@sasl.net

SCHOLARSHIP REQUEST FORM

WHAT WE NEED:

- One Copy of the top two sheets of the 2022 IRS 1040 OR Medicaid card, CHP+ card OR Free/Reduced Lunch Approval letter from School District (at least one required)
- This form COMPLETELY filled out

Date: _____ Team Name: _____ Team Coach: _____

Cost of Level or team: _____

Amount Requested: _____ (Please Note: Uniform & other special team fees are NOT eligible for scholarship)

Player's name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Parent name(s): _____

Net Income (Adjusted Gross Income) for 2021: _____

Number of people living at home: _____

Other children in SASL, names & ages:

(SEE OTHER SIDE)



Why do you need a scholarship?:

SASL has limited financial resources available for those needing assistance with soccer registration fees. Families that receive funds may be asked to contribute volunteer for SASL (field set-up, concessions, tournaments, etc.) Scholarship requests will be reviewed by the SASL scholarship committee and awarded based on financial need only. Requests will NOT be considered unless the written documentation is submitted to the league office. If you have extenuating circumstances, please provide documentation in writing to the scholarship committee. **IF ENTIRE FORM IS NOT COMPLETED AND SIGNED, IT WILL NOT BE REVIEWED.**

I affirm that the above information is correct.

Signature: _____

Printed Name: _____

This form must be submitted to SASL no later than June 30th. Scholarships will be awarded mid July.