



# Sanford Area Soccer League

P.O. Box 1212 Sanford, NC 27331-1212 / 919-708-6886 / [info@sasl.net](mailto:info@sasl.net)

## SCHOLARSHIP REQUEST FORM

### WHAT WE NEED:

- **One Copy of the top two sheets of the 2023 (or 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 2023: \_\_\_\_\_

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.**