

Competitive Soccer Scholarship Application

Jupiter United Soccer CLUB, Inc. ("JUSC") provides scholarships to cover up to one hundred percent (100 %) of the Club Dues portion of the annualTuition for children who, without this assistance, would not be able to participate in the competitive soccer program through Jupiter United Soccer Club ("JUSC"). All scholarships awarded will be based on financial need, available funding and meeting the application deadline requirements. The information provided will remain confidential and will only be seen by the JUSC Executive Board and the Soccer Board of JUSC. Please note that there is no guarantee that financial aid will be granted. In order to be considered for financial aid, each applicant must complete the form below and provide an income verification document. Scholarship awards are limited to two awards per family, per year. As part of this financial aid application, you must agree to the Terms and Conditions attached, and all scholarships given will be subject to and contingent upon those Terms and Conditions. Separate applications are required for each child.

| Date Application Completed: | |
|---------------------------------|----------------------|
| Applicant's Name (Parent or Gua | rdian): |
| Player's Name: | |
| Player's Date of Birth: | Player's Gender M/F: |
| Home Address: | |
| Contact Phone Number: | |
| Email Address: | |

| Gross monthly income from all sources: \$ | | |
|---|--|--|
| Size of your family/household: | | |
| Does your child qualify for free or reduced school lunch? (please circle) Yes No Has your family experienced sudden family hardship? (please circle) Yes No | | |
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| | | |
| Do you have multiple players at JUSC? (please circle) Yes No | | |
| If so, please list below: | | |
| Player Name and Team: | | |
| Player Name and Team: | | |
| Player Name and Team: | | |
| For consideration for financial aid we are requesting that at least one of the following forms be | | |
| provided with this application: | | |
| o Copy of your most recent Income Tax Return (IRS Form 1040) | | |
| o Copy of pay stubs or other income verification | | |

By signing and submitting the application the applicant agrees to the following Terms and Conditions:

- 1. Any scholarship awarded may cover up to one hundred percent (100 %) of Tuition for the club dues (not inclusive of tournaments); provided, however, that all players are required to pay the non-refundable \$250 registration fee (includes the volunteer fee). Other expenses associated with playing for JUSC can be substantial and include a deposit for registration, uniforms, and any team fees not covered as part of Tuition (additional tournament registrations including State Cup or other state tournaments, hotel costs and meals when traveling, etc.). All of these additional expenses shall be the obligation of the scholarship recipient.
- 2. JUSC considers any scholarship award an investment in the player. Therefore, guest playing (whether for another FYSA team or a US Club Soccer team) will only be permitted with the express written permission of the JUSC President or DOC. Any violation of this provision will result in an immediate revocation of financial aid.
- 3. In addition, any release of a player during the seasonal year will only be permitted with the express written permission of JUSC President upon approval of the Soccer Board. No release will be granted until all financial aid awarded under this agreement has been reimbursed in full to JTAA. JTAA will place any player who fails to reimburse such funds in "not in good standing" with Florida Youth Soccer Association until such funds are reimbursed.
- 4. JUSC is a volunteer-run club. Every scholarship recipient has an obligation to volunteer at least ten (10) hours of time during the seasonal year. At least 5 hours must be completed by January 1, 2024. Any recipient of financial aid under this agreement must fulfill the volunteer hour requirement or will be assessed a \$100 volunteer fee at the end of the season.

| l, | have completed this Scholarship Application on behalf |
|--------------------------------|--|
| of my child | . I understand that this application does not guarantee an |
| acceptance onto any particul | lar team or any scholarship award. I certify that all of the information |
| I have supplied is true and co | orrect. I permit JTAA to verify the information on this application as |
| needed. | |
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| Parent/Legal Guardian | Date |