

THIS IS A TWO PAGE FORM. PLEASE READ AND COMPLETE BOTH PAGES. (Please retain a complete copy of both pages for your files.)

**ALLIANCE CINCINNATI SCHOLARSHIP APPLICATION** (please check which applies)

\_\_\_\_\_ Due 7/1/2017 for Fall, 2017 for U8-U14 players

\_\_\_\_\_ Due 7/1/2017 for Spring, 2018 for U15-U19 players

\_\_\_\_\_ Due 11/15/2017 for Spring, 2018 for U8-U14 players

Application will not be considered without signature of applicant's parent/guardian **PLAYER'S**

NAME: \_\_\_\_\_ **PLAYER'S**

DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_ **PLAYER'S TEAM**

PREVIOUS SEASON: \_\_\_\_\_ **PLAYER'S TEAM**

IN SEASON FOR WHICH APPLYING: \_\_\_\_\_

PLAYER'S ADDRESS: \_\_\_\_\_

PLAYER'S/PARENT'S VOLUNTEER AND/OR LEADERSHIP ACTIVITIES WITHIN ALLIANCE CINCINNATI:

\_\_\_\_\_

PLAYER'S PARENTS' NAMES: \_\_\_\_\_

MOTHER'S OCCUPATION & ANNUALIZED SALARY: \_\_\_\_\_

FATHER'S OCCUAPTON & ANNUALIZED SALARY: \_\_\_\_\_

SECOND PARENT'S ADDRESS(ES) & PHONE NUMBERS(S) IF APPLICABLE:

\_\_\_\_\_

NUMBER OF CHILDREN PLAYING FOR ALLIANCE CINCINNATI: \_\_\_\_\_

TOTAL NUMBER OF DEPENDENT CHILDREN IN FAMILY: \_\_\_\_\_

NUMBER OF YEARS APPLICANT HAS PLAYED WITH ALLIANCE CINCINNATI: \_\_\_\_\_

PLEASE STATE ANY EXTENUATING CIRCUMSTANCES THAT YOU BELIEVE WARRANT AWARDING YOUR CHILD A NEED BASED SCHOLARSHIP. YOU MAY USE A SEPARATE PIECE OF PAPER:

IN ORDER TO VERIFY THE ABOVE INFORMATION IS CORRECT, YOU WILL NEED TO ATTACH A COPY OF YOUR MOST RECENT IRS TAX RETURN TO THIS APPLICATION.

AMOUNT OF SCHOLARSHIP YOU ARE REQUESTING: \_\_\_\_\_

PLEASE READ AND COMPLETE THE SECOND PAGE OF THIS FORM.

Alliance Cincinnati Scholarship Applications must be mailed to Candy Salazar 5589 Plum Run Road, Milford, Ohio 45150 and must be postmarked NO LATER THAN the deadline date checked for the season in which this scholarship application applies. Scholarship Applications mailed or hand delivered to any other Alliance Cincinnati agent, official, coach or board member will not be processed.

You must re-apply for a Alliance Cincinnati Scholarship each season; old applications will not be reconsidered in later seasons. Scholarships postmarked after the due date will only be considered if there are remaining funds. If you do not receive an e-mail confirmation within ten days of mailing form, please contact Candy Salazar at cjsalazar@cinci.rr.com.

The Alliance Cincinnati Scholarship Committee (Treasurer, Vice President and member at large) will make decisions on a subjective basis. While a player's need (as demonstrated by the Application) will be given the highest consideration, other factors may be considered including, but not limited to (1) years with the Alliance Cincinnati; (2) the applicant's or parent's activities which demonstrate volunteerism within the Alliance Cincinnati; (3) parent or player code of conduct violations.

A non-refundable deposit for a roster spot of \$150 must be paid, or payment plan started, for an application to be considered. Scholarship money is only good towards club fees.

Team and Uniform fees may not be covered by scholarship money.

All applicants will be notified by within four weeks of the application due date of the decisions of the Scholarship Committee. Notification will come via e-mail.

I hereby certify that I have read both sides of the Alliance Cincinnati Scholarship Application form and that the information I provided is true and accurate to the best of my knowledge. I also agree to work at the seasonal Field Work-Days, tryouts for my age group and perhaps another age group, work eight hours per scholarship awarded at the Annual Dog Days Tournament, and any other opportunity for which the club needs volunteers. This is over and above assisting with individual team needs.

\_\_\_\_\_  
Applicant's Parent/Guardian's Name Signature of Parent/Guardian of Applicant EMAIL ADDRESS \_\_\_\_\_ PLEASE PRINT  
NEATLY Official CA Use Only (Applicant: Do Not Mark Below This Line) Postmark:  
Committee Comments: Award: Parents Notified: