



RIVER CITY HAWKS FUTBOL CLUB
SCHOLARSHIP ASSISTANCE APPLICATION-20____

Scholarship assistance is awarded based on demonstrated financial need. Applications must be complete and must include the required documentation, W-2 Forms. All scholarship requests must be approved by the Director of Training and Player Development. All paperwork for the team must be completed and returned to the team manager or Director of Training and Player Development. Or you may send all complete forms and documentation "Confidential" to:

River City Hawks Futbol Club
c/o Director of Training and Player Development
Post Office Box 831575
San Antonio Texas 78283

Scholarship Assistance only covers the club trainer fees and half of the uniform costs and does not apply to any camp fees or team fees.

Information in applications will be used in determining eligible candidates for financial assistance. R.C. Hawks Futbol Club (RCHFC) will take reasonable measures to assure that it will not be released to third parties.

Player's Name _____ Age Group _____

Parent(s) or Guardian's Name: _____

Player Lives With: Father _____ Mother _____ Both _____ Guardian _____

Home Address: _____

City _____ State _____ Zip _____

Email Address (please print legibly) _____

Household Size (Number of People Living in Player's Home): _____

Number of family members playing with RCHFC, NEYSO, or AAYSA: _____

Family Annual Income: Actual 200 _____ Estimated 200 _____

Father's Salary _____ _____

Mother's Salary _____ _____

Child Support _____ _____

Alimony: _____ _____

Other Income: _____ _____

Are you currently receiving State or Federal aid? List all (i.e. food stamps, Medical aid, etc.) _____

Please list any special circumstances contributing to your need for financial assistance: _____

I certify that all statements made in connection with this submission are true to the best of my knowledge. Upon acceptance of financial assistance, applicant agrees to assist RCHFC with fundraising or other club functions as needed. I fully understand that should my employment or financial position change that I will notify RCHFC of such changes. I also agree that should partial or no financial aid be granted, I will be responsible for paying the registration fees.

Parent or Guardian's Signature _____ Date: _____