

SAUSC, Inc.

207 Downing St., Converse, TX 78109

Scholarship Program

Dear Scholarship Applicant:

SAUSC, Inc. is committed to affording all players the opportunity to participate in club soccer. Each year we budget to provide financial assistance for families who are in need. This scholarship fund can be used to supplement the cost of the club's annual fees. Players must pay the \$300 commitment fee, uniform fee, tournament fees, and team coach expenses regardless of their scholarship award. These fees are due upon signing with the club.

To apply for financial assistance, please complete a scholarship application and provide a copy of your 2023 or latest tax return. All information we obtain from you will be for club use only and available solely for the private use of the SAUSC, Inc. scholarship committee.

In an effort to be fair to all applicants, scholarships will be awarded based on need. Certain extenuating circumstances where financial need is not the sole reason for the applicant's request may be considered. However, the SAUSC, Inc. board has created strict guidelines that leave little room for applicants applying based upon criteria other than financial need. If an applicant wants their circumstances reviewed, a letter explaining their situation must be provided along with the application and a copy of their 2023 or latest tax return.

All families of scholarship recipients will be required to volunteer 10 hours of their time throughout the 2024/2025 seasonal year during the ADIDAS Fall Kickoff tournament in August of 2024, the United for Hope tournament in February of 2025, and/or the Spring Classic tournament in May of 2025. Volunteers are critical to our success and to ensuring the future success of our club.

Please mail your application to: SAUSC, Inc. Scholarship Committee, 207 Downing St., Converse, TX 78109, or email rhonda.s@saunitedsoccer.com by: **June 15th 2024.**

Incomplete applications will not be reviewed.

Sincerely,
SAUSC, Inc. Scholarship Committee

SAUSC, Inc. 2024-2025 Scholarship Application

SA United Player(s)

Name	DOB	Team e.g. (U11, U12...)

Household Dependents

Name	Age	Relationship

Primary Provider

Name:	Relationship to Player:
Street Address:	Occupation:
City:	Employer:
State:	Employer Phone Number:
Zip:	Gross Monthly Income:
Home Phone:	Email:

Secondary Provider

Name:	Relationship to Player:
Street Address:	Occupation:
City:	Employer:
State:	Employer Phone Number:
Zip:	Gross Monthly Income:
Home Phone:	Email:

All applications must be submitted along with a copy of your 2023 or latest Federal Income Tax Return. Financial aid cannot be awarded unless all documents are provided.

As stated in the cover letter, extenuating circumstances other than financial need may be considered. Please provide, in writing, any other circumstances you would like to be considered.

SAUSC, Inc. Scholarships are limited. In consideration of your application, what amount of assistance would be adequate to support your player(s) participation in our club. Amount \$_____ /mo.

I hereby submit the above information on a confidential basis to SAUSC, Inc. Scholarship Committee. I agree that all information provided is accurate and represents my financial situation to the best of my knowledge. I authorize the committee to verify as necessary to process this application. As a recipient of a scholarship, **I commit that my family will volunteer 10 hours a year of our time to SA United Soccer Club as outlined in the cover letter. Completed applications are due by June 15, 2024.**

Signed _____

Date _____