The United Sports Foundation
Nate Hardy Scholarship
International & Showcase Travel Expenses

All information must be completed in order to be considered for assistance from the United Sports Foundation. Financial aid requests will not be considered if there is an outstanding balance on the family's account. Please be aware that families receiving assistance will be required to give 5 hours of service at Seacoast United events or 5 hours of service for United Sports Foundation in exchange for the scholarship. Award determinations will be made after registration fees are paid and/or a payment plan is set up.

Player Information (submit one form for each player):

Player Name_____
Home Address_____
City _____Zip _____ Phone_____
Email address_____

Age Group (birth year) _____ and U- _____

Club Name: (circle one)
Soccer-ME Soccer-MA Soccer-NH Soccer-Express Soccer - Academy
Field Hockey-NH Field Hockey-MA Softball Baseball Coach Name: _____

Father's Name _____ Mother's Name _____
Marital status _____

List ways you can volunteer your time this year: _____
_____

Cost of Current Club Team Tuition: _____
Total Amount of Aid from Club and/or Foundation for the Current Season (including reduction in tuition):_____

Cost of International Travel Program: _____ Dates of International Travel Program: _____

Name of Showcase Event: _____ Dates of the Showcase Event: _____
Cost of Showcase Event: _____
Requested Amount: _____ (understanding that the foundation may not be able to give all that you ask)

Itemized Yearly Income:
Father's Annual Salary: $_____ (first adult living in house)
Mother's Annual Salary: $_____ (second adult living in house)
Alimony: $ _____
Child Support: $_____
Other Income: (Social Security Income, Food Stamps, Unemployment, Disability, Pension, trust funds, etc.): $_____
Total Gross Income: $_____

You MUST provide prior year federal tax return and all of the following documents that are relevant with your application along with a note from the club registrar as to your financial standing at this time.

Please list any special circumstances that may contribute to your request for financial assistance on separate sheet and attach to this form including what you are hoping to gain from this experience. Incomplete applications will NOT be processed or considered. I certify that the above information is accurate and truthful.

Signature _____ Date: _____