



The United Sports Foundation Financial Aid Application Bob Masi Scholarship



All information must be completed in order to be considered for assistance from the United Sports Foundation. Appropriate application fees must be paid at time of registration. 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 10 hours of service for United Sports Foundation or Seacoast United Sports Club 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- _____

Travel Club Name: _____

Seacoast United Sports Club Team: (Circle One if Applicable)

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 are or will complete your volunteer community service obligation to United Sports Foundation or your club this year:

Tuition cost _____

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:

- Federal tax return-prior year (joint or individual of both parents in the event of divorce, etc)
- If you receive child support, food stamps, Department of Social Services financial assistance or other assistance, please provide documentation of this assistance as well.
- Please list any special circumstances that may contribute to your request for financial assistance on separate sheet and attach to this form. Incomplete applications will NOT be processed or considered. I certify that the above information is accurate and truthful.

Signature _____ Date: _____