



## Des Moines Menace Soccer Club Academy Scholarship Application

Player Name: \_\_\_\_\_ Gender: M F (circle one)

Team: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Numbers (home): \_\_\_\_\_ (work): \_\_\_\_\_

The following information is requested to assist the Menace Academy Advisory Board in determining financial need for each Academy scholarship. **This information will be held in confidence, will not be disclosed to anyone except the Menace Academy Advisory Board, and will be used only for the purpose of determining eligibility for Academy scholarships.**

How many other children in the household are currently on Menace Soccer teams? \_\_\_\_\_

Are any other children in the household applying for scholarships? Yes No (circle one)  
(To apply for additional children list each child's name and birth on an additional page)

How many adults \_\_\_\_ children \_\_\_\_ are supported by your household income?

Check total income gross (before taxes, inc. child support) earned by all adults in the household last year:

|                   |     |                   |     |
|-------------------|-----|-------------------|-----|
| Under \$25,000    | ___ | \$45,001-\$50,000 | ___ |
| \$25,001-\$35,000 | ___ | Over \$50,000     | ___ |
| \$35,001-\$45,000 | ___ |                   |     |

Check Assistance the player's family receives (check all that apply):

|                    |     |                      |       |
|--------------------|-----|----------------------|-------|
| Subsidized housing | ___ | free school lunch    | ___   |
| Medical assistance | ___ | reduced school lunch | ___   |
| Food stamps        | ___ | Other                | _____ |

**The above information is true and accurate to the best of my knowledge. I agree to donate work time above and beyond that required of the entire membership back to the Menace. By signing this application; I agree to donate the designated work time if I receive the scholarship.**

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Player \_\_\_\_\_

# Instructions

This program exists to ensure no one is prevented from playing soccer for the Menace for financial reasons. Please read and complete all information on this application to be sure you meet all the qualifications and supply the necessary information.

- The scholarship committee must receive your application by July 31, 2006 for spring registration fees.
- **Attach a brief written explanation of 1)why you are requesting a scholarship 2)why you want to play for the Menace and 3)why you feel you may qualify. Without this information, your application cannot be accepted.**
- Individual awards are based on a percent and are not to exceed the budgeted amount determined by the Menace Academy Advisory Board each year. The amount of the award depends on need, based on family income, number of family members and potential number of players per team requesting financial aid.
- Special circumstance, such as large medical expenses not covered by insurance, loss of income due to illness or unemployment is also taken into consideration. Be sure to include an explanation of this in your written explanation if you have circumstances like these that should be taken into consideration.
- You are asked to provide copies of your latest Federal and State income tax returns for proof of income and family size.
- The Menace Academy Advisory Board will be informed of the amount of scholarship aid a player receives. Otherwise, your privacy will be carefully protected.
- You are responsible for paying any club, coaching, or team expenses not covered by the scholarship.
- Scholarship applications will be reviewed by the Menace Academy Advisory Board. There is a limited amount of scholarships available. Therefore, all applicants may not receive scholarships. Please mail completed applications to:

Des Moines Menace Academy  
c/o Scholarships  
6400 Westown Parkway  
West Des Moines, IA 50266.

**Please attach the following as proof of financial need along with this completed application:**

- Copy of most recent Federal and State tax returns for all adults in the household.
- Proof of eligibility for school lunch programs or other assistance.
- Financial aid application.
- Statement of extraordinary circumstances that make it difficult to pay the club fees.
- Letter explaining 1)why you are requesting a scholarship 2)why you want to play for the Menace and 3)why you feel you may qualify.

**Without this information, your application cannot be accepted.**