



Chelsea Soccer Club offers partial scholarships to families who need them. Scholarships are open to new and existing members. The intent of the scholarship is to enable participation for those who would like to enroll their child but are financially unable to do so and also to help retain players already enrolled in the program whose family's financial circumstances have changed and assistance is needed.

In order to help as many families as possible, only partial scholarships will be granted. Funding for the scholarship program is provided by fundraising, donations, and grants. The application will be reviewed and awarded by a Committee made up of the registrar and two additional board members. The process is confidential and no other board members (except the treasurer), coaches or families will be made aware of the scholarship applicants or recipients. Completed applications should be returned to the registrar.

Please complete your application in full, and submit the following items with your application: ●

- The two most recent pay stubs for all employed family members
- Documentation of any additional non-wage income such as child support, etc.
- Documentation of extraordinary monthly expenses such as therapies, monthly medical care, additional tuitions and/or tutoring, etc.

The scholarship committee will use the current year Federal Poverty Level Guidelines when reviewing applications. Families whose income exceeds the federal guidelines by more than 300% will not be considered for scholarship unless there are extenuating circumstances.

Every Chelsea Soccer Club player is a vital and valued part of our family, so please do not hesitate to apply for a scholarship if the need is there.



Confidential Scholarship Application

Name of Player: _____ M / F Date of birth: ____/____/____

Parent(s) Name: _____ Date: _____

Number of adults in household: _____ Number of children in household: _____

STATEMENT OF INCOME & EXPENSES

I. Annual Household Income

Please attach the two most recent pay stubs for all working parents/adults contributing to the household.

\$ _____ /yr

II. Other Annual Income

Please indicate all non-wage income (child support, etc.).

\$ _____ /yr

III. Extraordinary Expenses

Include extraordinary expenses in the household regardless if they apply to the student or to another member of the household. These include therapies, tutoring, school tuition, or other required expense not considered routine or typical. Describe below.

\$ _____ /yr

2019 Federal Poverty Guidelines

| Persons in Family/Household | Poverty Guideline (100%) | Income Limit for Scholarship Consideration (300%) |
|-----------------------------|--------------------------|---|
| 1 | \$12,140 | \$36,420 |
| 2 | \$16,460 | \$49,380 |
| 3 | \$20,780 | \$62,340 |
| 4 | \$25,100 | \$75,300 |
| 5 | \$29,420 | \$88,260 |
| 6 | \$33,740 | \$101,220 |
| 7 | \$38,060 | \$114,180 |
| 8 | \$42,380 | \$127,140 |

For families/households with more than 8 persons, add \$4,320 for each additional person.

I certify that the above statements are true.

Signature: _____ Date: _____

Name: _____