

# **ILLINOIS FUSION SOCCER – APPLICATION FOR PLAYER SCHOLARSHIP/GRANT**

---

**Age Group:** \_\_\_\_\_ **Male/Female**    **Team Coach:** \_\_\_\_\_

**Players Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Briefly describe why you, as the parent/guardian, are requesting this assistance. Use the space provided below and attach additional sheet(s) if necessary.

**Current employer (father):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Current employer (mother):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Any other source of employment/income:** \_\_\_\_\_

---

*Illinois Fusion Soccer Board Section*

**Club President's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Decision:** \_\_\_ Approved \_\_\_ Denied    **Amount:** \_\_\_\_\_    **Applicant notified: By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit form to:**  
**Illinois Fusion Soccer Finance Committee**  
**705 E. Lincoln St., Suite 113**  
**Normal, IL 61761**