

Henlopen Soccer Club

Member Delaware Youth Soccer Association



P.O. Box 384, Nassau, DE 19969

302-645-9377

www.henlopensoccerclub.org

Scholarship Application

1. No individual or family will be denied participation due to an inability to pay fees.
2. Applications for scholarship assistance should be mailed to the Henlopen Soccer Club at the above address.
3. Scholarship applications will be reviewed and approved by the Club President.
4. Each application for assistance will be kept in a confidential file.
5. Reduced Registration Fee will be one half of current Registration Fee.
6. Eligibility shall be determined by:
 - a. Extreme temporary or long term financial hardship (medical emergency, job loss or layoff.)
 - b. Households that qualify for free or reduced meals at school under U.S. Department of Agriculture guidelines.

Family Size	Free Registration			Reduced Registration Fee		
	Yearly	Monthly	Weekly	Yearly	Monthly	Weekly
1	\$13,273	\$1,107	\$256	\$18,889	\$1,575	\$364
2	\$17,797	\$1,484	\$343	\$25,327	\$2,111	\$488
3	\$22,321	\$1,861	\$430	\$31,765	\$2,648	\$611
4	\$26,845	\$2,238	\$517	\$38,203	\$3,184	\$735
5	\$31,369	\$2,615	\$604	\$44,641	\$3,721	\$859
6	\$35,893	\$2,992	\$691	\$51,079	\$4,257	\$983
7	\$40,417	\$3,369	\$778	\$57,517	\$4,794	\$1,107
8	\$44,941	\$3,746	\$865	\$63,955	\$5,330	\$1,230
	+\$4,524	+\$377	+\$87	+\$6,438	+\$537	+\$124

Child's Name: _____

Date: _____

Reason for requesting financial aid: _____

List all household members, including the child listed above. List all income.

Name	Current Monthly Income			
Names of Household Members	Monthly Earnings from Work (before deductions), Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

Signature and Social Security Number: _____ -- --