The United Sports Foundation
Financial Aid Application
Bob Masi Scholarship

All information must be completed in order to be considered for assistance from the Seacoast United 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 at Seacoast United events or 10 hours of service for United Sports Foundation 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- _____

Club Name: (circle one)
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 any volunteer work you participated in this past soccer season:_____
_____
List ways you can volunteer your time 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 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: _____