



SCHOLARSHIP APPLICATION

THIS IS A TWO PAGE FORM. PLEASE READ, COMPLETE BOTH PAGES AND INCLUDE A COPY OF YOUR W2'S
FAILURE TO COMPLETE ANY PART OF THIS APPLICATION OR NOT SUBMITTING YOUR W2'S WILL RESULT IN IMMEDIATE REJECTION

You must re-apply for a scholarship each year; old applications do not rollover into the next year.

Scholarship application deadline is JULY 13th for all players
players who join the club late will be looked at on a case-by-case basis

Player's Name: _____ Player's Date of Birth: _____

Player's Team (Birth Year, Program, Level): _____

Parent's Name(s): _____

Parent's Email Address: _____

Parent's Phone Number: _____

Mother's Occupation: _____ Mother's Annualized Salary: _____

Father's Occupation: _____ Father's Annualized Salary: _____

Number of years (prior to this season) applicant has played for Kings Hammer: _____

Player/Parent's Volunteer and/or Leadership Activities within the Organization (past seasons):

Please state any extenuating circumstances that you believe warrant awarding your child a need-based scholarship:

Amount of scholarship assistance you are requesting (50% or less): \$_____

Kings Hammer hosts a number of tournaments and events throughout the soccer season. A tournament director will reach out to you via email to set up your required volunteer hours.

PLEASE READ AND COMPLETE THE SECOND PAGE OF THIS FORM

KHSC Scholarship Applications must be mailed to KHSC Scholarship Fund, 50 E Rivercenter Blvd. Suite 150, Covington, KY 41011, and must be postmarked NO LATER THAN the deadline date. You will receive an e-mail confirmation letting you know your application has been received. Scholarships postmarked after the due date will not be considered.

You must re-apply for a scholarship each year; old applications do not rollover into the next year.

Deposit must be paid for an application to be considered. Scholarship money is only good towards player fees. Uniform fees and personal travel to tournaments and games is not covered by scholarship money.

The maximum scholarship awarded is 50% of player fees for the soccer year. All applicants will be notified the decision from the Scholarship Committee via email.

I hereby certify that I have read both sides of the Scholarship Application form and that the information I provided is true and accurate to the best of my knowledge. I agree to work my required 16 volunteer hours per scholarship awarded at an event specified by the volunteer coordinator and pay all monthly fees based on club scheduled payment dates. Failure to meet my hours and keep payments up to date will result in my child not being eligible for future scholarships.

Signature of Parent/Guardian of Applicant

Print Name of Parent/Guardian of Applicant

Office Use Only (Applicant: Do Not Mark Below This Line)

Postmarked: _____

Entered in Spreadsheet: _____

Sent Confirmation Email of Application Receipt: Date _____

Deposit Amount: \$ _____

Deposit Paid on: _____

Award Amount: \$ _____

Remaining Balance: \$ _____

Parents Notified: Date _____

Method _____