

Altitude FC Scholarship Application



Player's Name _____

Years at Stingers/Altitude: _____ Previous Group/Team _____

Parent/Guardian _____ Email _____ Phone _____

Desired AFC Program _____ Program year _____ Registration Fee \$ _____

We are proud of the donors who make our scholarship program available and therefore want to do our best to steward those funds. Therefore, scholarship funds are limited and awards typically do not exceed 50% of the registration fee. Scholarships only apply to registration fees (additional costs like uniforms, soccer gear, tournament fees, travel expenses or any other soccer expense are not included).

Total Family Members _____

Net Monthly Income (see Worksheet attached) _____

Are you a single parent? Yes No

Does the player live with you full time? Yes No

Percentage of Registration Fee requested: _____%. Total = \$ _____

Please document your financial need by returning both pages of this application, along with:

- Tax return, *only page* with adjusted gross income line 41
- Cover letter explaining your need, including any recent hardship or factors that influence our decision
- Documentation of any additional Allowable Expenses (see Worksheet attached)

Optional additional documents include

- Public Schools lunch program documentation
- Food Stamps or other form of assistance program
- Statement from Colorado Unemployment indicating unemployed status
- Disability statement indicating inability to work (from either employer or agency)

If I receive funds, I am willing to be profiled on the Altitude Website and or in the news

Yes Yes, if anonymous No

Return completed forms and attachments by email to board@altitudefc.org or print and mail to Altitude.

Signed _____ Date _____

Office use only

Scholarship Amount Awarded: \$ _____ Scholarship Approved by _____ Date _____

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Scholarships funds are limited. Award amounts are based on financial need and rarely exceed 50% of the registration fees. Use the worksheet below to calculate qualifying monthly income and the chart to determine possible award levels. Families with recent hardship or single parent households or other compelling circumstances may receive awards that exceed the ranges listed below.

Family Size

Family size is the number of all people in your household that are related. Unborn children are also included in your family size. If you have partial custody, adjust the number of children by the percent of time they live with you (2 kids who reside with you 50% of the time count as 1 family member; if in doubt, round up)

Allowable Expenses

You can deduct certain expenses from your income. If you pay childcare or elder care costs, medical expenses, child support payments, alimony payments, or health insurance premiums, you can subtract how much you pay in one month from your monthly gross income.

Player's Name _____ Parent/Guardian _____

Monthly Income Worksheet

Step 1. Calculate Monthly Income:

Monthly Income _____
 Monthly Child Support Received _____
 Total Monthly Income _____

Step 2. Calculate Allowable Monthly Expenses

Monthly Health Insurance or Medical Expense _____
 Child Support/Alimony Expense _____
 Monthly Child or Elder Care Expense _____
 Total Allowable Expense _____

Step 3. Calculate Net Monthly Expense

Total Monthly Income _____
 Total Allowable Expense _____
 Net Monthly Income _____

Income Limits

Family Size	Monthly Income	Award Range	Monthly Income	Award Range
2	Up to \$3,200	33-50%	\$3,201-\$4,000	0-33%
3	Up to \$4,000	33-50%	\$4,001-\$4,900	0-33%
4	Up to \$4,900	33-50%	-\$4,901-\$5,800	0-33%
5	Up to \$5,800	33-50%	-\$5,801-\$6,600	0-33%
6	Up to \$6,600	33-50%	-\$6,601-\$7,300	0-33%