SANTA BARBARA SOCCER CLUB 2024-2025 Season

Return Completed Applications to:

Bianca Sweeney, Recreational Programs Director, bianca@santabarbarasc.org



Santa Barbara SC Recreation Programs 2024-25 Scholarship Application

Santa Barbara Soccer Club is committed to fundraising through corporate sponsorships, private donations and grant awards in an effort to provide financial assistance to as many eligible families as possible. This fundraising allows the Club to implement our mission statement, which promises to educate and develop young athletes to their highest potential through soccer, to all those with the desire and commitment to excel.

To be considered for a scholarship award you must complete the application and return it, along with a copy of your previous year's Federal Tax Return to the Recreational Programs Director prior to registering.

SCHOLARSHIP APPLICATIONS ARE DUE 30 DAYS PRIOR TO THE PROGRAM START DATE.

Funds available for scholarships are limited and priority will be given to those applications submitted through this formal process.

VOLUNTEER WORK

Players receiving financial aid and their families are required to exert a maximum effort in participating in program wide fundraisers, if asked.

Please know that all information requested will be kept completely confidential. Award decisions will be made by the Scholarship Committee and you will be notified by the Recreational Programs Director if your completed application is turned in on time.

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2024-25 SCHOLARSHIP APPLICATION

*A minimum Date:	of 50% of the re	egistration fe	e will be required in order fo	r application to k	e considere
Player Information Name:					
Age:	Date	of Birth:			
Team (check one):	YOUTH REC LEAGUE		ADULT REC LEAGUE	CLINICS	CAMPS
How long has your pla	yer participated i	n SBSC progra	ms?		
How many players in y	our family partici	pate in SBSC p	programs?		
Parent/Guardian Information Pather/Guardian Name					
Address:					
Telephone:					
Marital Status:	Single	Married	Separated/Divorced		
Please Check One:	Own	Rent			
Monthly Mortgage/Re	nt Payment:				
Occupation:			Annual Income:		
Other Income:					
Employer Address:					
Employer Phone:					
Mother/Guardian Nam	ne:				
Address:					
Telephone:					

Separated/Divorced

Single

Married

Marital Status:

Please Check One:	Own	Rent	
Monthly Mortgage/Re	nt Payment:		
Mother /Guardian:			
Occupation:		Ar	Annual Income:
Other Income:			
Employer Address:			
Employer Phone:			
Reason for applying fo	r scholarship:		
			ral Tax Return (Form 1040) Including all schedules, from BOTH NOT BE PROCESSED WITHOUT THIS.
Father/Guardian Signa	ture:		Date:
Mother/Guardian Sign	ature:		Date:
OFFICE USE ONLY			
2024-25 Season Progr	rams		Letter of Decision sent Did not meet requirements
Scholarship Approved	d		Deposit Received
Scholarship Denied			Deposit Amount
Scholarship Amount:			Min. Requirements Met
Scholarship Committe	ee Signature:		

Date: