

SCHOLARSHIP APPLICATION - GENERAL INFORMATION

Child's full name:

Date of birth:

Age:

School / grade:

Mother's full name:

Father's full name:

Legal guardian's name (if applicable):

Cell phone 1:

Cell phone 2:

Email address:

Home or contact address:

REASON FOR APPLYING (check all that apply):

☐ Athletic talent

☐ Financial need / family hardship

☐ Autism (ASD)

☐ Other special needs

Complete this page and only the sections relevant to your application.

Has the child received a sports scholarship before? If yes, please specify:

Are you requesting a full or partial scholarship? How much could you pay monthly?

SECTION A - ATHLETIC TALENT

Complete this page only if applying for an athletic talent scholarship.

How many years has the child played soccer?

Primary position:

Secondary position:

Previous academies or clubs (name and length of participation):

Does the child play or have they played on a school team? Which one?

Leagues, tournaments or competitions attended:

Athletic awards, recognition or achievements (if any):

Coach or athletic reference name (optional):

Reference phone number or email (optional):

Link to a soccer video (optional):

Why do you believe the child has athletic talent?

SECTION B - FINANCIAL NEED / FAMILY HARDSHIP

Complete this page only if applying due to financial or family circumstances.

Current housing situation:

☐ Own home

☐ Rent

☐ With relatives / friends

☐ Temporary housing / shelter

☐ Unstable housing

☐ Other

Number of people in household:

Children under 18:

Number of adults contributing to household income:

Approximate total monthly household income (USD):

Monthly rent or mortgage payment (USD, if applicable):

Household income is:

☐ Regular

☐ Variable

☐ Currently no income

Does your household receive financial or food assistance?

☐ Yes

☐ No

☐ Prefer not to answer

Is your family currently experiencing any of the following?

☐ Unemployment

☐ Health-related hardship

☐ Separation

☐ Loss of housing

☐ Other

☐ None

If applicable, briefly explain the circumstances (optional):

Extraordinary essential expenses you wish to report (optional):

How much of the program cost could you pay each month?

SECTION C - INCLUSION AND SUPPORT NEEDS

Complete this section if applying for autism (ASD) or other special needs.

Does the child have a professional diagnosis?

☐ Yes ☐ No ☐ Assessment in progress

If applicable, ASD support level indicated in the report:

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Not specified

Primary communication method:

☐ Verbal ☐ Nonverbal ☐ Alternative communication ☐ Other

What support or accommodations does the child need to participate?

Is the child sensitive to noise, touch or crowds? Please explain:

Does the child tend to wander or have any safety-related risks?

Are there any physical limitations or medical guidance relevant to sports?

What strategies help the child participate comfortably?

REQUIRED PARENT / GUARDIAN COMMITMENT

☐ I agree to remain present and participate throughout each adapted-program session.

A relevant diagnostic report may be requested to plan appropriate support and safety.

IMPORTANT: ALL APPLICANTS MUST COMPLETE THE FINAL DECLARATION AND SIGNATURE SECTION ON THE NEXT PAGE.

FINAL SECTION - REQUIRED DECLARATION AND SIGNATURE

THIS SECTION MUST BE COMPLETED BY EVERY FAMILY.

Applies to athletic talent, financial hardship, autism and other special needs applications, including those selecting more than one category.

I declare that the information provided in this application is true and complete to the best of my knowledge.

I authorize Rey Jei Community Foundation to review the information provided solely for the purpose of evaluating this scholarship application.

I understand that submitting this application does not guarantee scholarship approval and that supporting documents may be requested.

☐ I have read and agree to the declaration above.

Full name of parent or legal guardian:

Signature of parent or legal guardian:

Date:

A parent or legal guardian signature is required to process any scholarship application.