



Fishers Soccer Club Policy and Procedure



REC PLUS Player Financial Assistance Application

All fields must be filled out. Incomplete applications will not be considered.

Player Name: _____
Parent(s)/Guardian(s) Name: _____
Applicant Address: _____

Applicant E-mail: _____
Applicant Phone Number: _____

Do you qualify for free or reduced lunch program? Yes/No

I, (*print parent/guardian name*) _____, the parent of (*print player name*) _____ give permission to a representative from Fishers Soccer Club to submit a copy of the Free/Reduced Lunch approval to S.P.O.R.T.S. for the purpose of possibly being awarded a scholarship up to the amount of the full year recreational soccer fee for my player's age group. If a scholarship is awarded, it will be forwarded to Fishers Soccer Club and my players account will be credited the amount. An email notifying me of the award and the application to the player's account will be sent. Additionally, by signing below, I am agreeing that all confidentiality agreements that apply to the Fishers Soccer Club Financial Assistance Policy and Procedure apply to this document and all additional documents supplied to support the submission for the S.P.O.R.T.S. scholarship. I understand that it is optional that I submit this document and the supporting documents to Fishers Soccer Club and that in no way will it affect my player's eligibility to play.

Parent Signature: _____
Date: _____

Please mail or fax this document **and the Free/Reduced Lunch approval letter that has been received in the past 12 months.** If you are unable to locate your copy, please contact Faye Waugh at the HSE Administration Building at 317-594-4100.

Mail to:
Fishers Soccer Club
ATTN: Registrar
PO Box 129
Fishers, IN 46038

OR

Fax to:
317-245-2212