

**Little Illini Soccer Club  
Financial Assistance Application Form**

**TO QUALIFY FOR SCHOLARSHIP FUNDING, YOU MUST SUBMIT THIS APPLICATION AND A COPY OF YOUR MOST RECENT FEDERAL INCOMT TAX RETURN (IRS 1040) PRIOR TO REGISTRATION TO THE LISC OFFICE LOCATED AT 302 W. HILL STREET, SUITE #104, CHAMPAIGN, IL 61820.**

Circle below; if partial, please indicate the dollar amount you will pay:

Dues Scholarship      Partial Scholarship \$ \_\_\_\_\_      Uniform Scholarship

Date: \_\_\_\_\_

Team/Age Level: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

E-mail address \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Number of people living at home: \_\_\_\_\_

Reason for scholarship request:

\_\_\_\_\_  
\_\_\_\_\_

**Scholarship awards are based solely on financial need. No request, no matter how great the need is, will be considered unless tax documentation is submitted to LISC**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Questions or concerns please email the scholarship committee chairman Michael Giger at magiger@comcast.net**