



# Colorado Fusion Grant Application

OFFICE USE ONLY

APP FEE \_\_\_\_\_ Method \_\_\_\_\_

Program \_\_\_\_\_ Date \_\_\_\_\_

## Program Level and Application Fee

Jr. Academy \$25 \_\_\_\_\_ Academy (Competitive) \$75 \_\_\_\_\_ Sr. Academy (Competitive) \$75 \_\_\_\_\_  
Academy (Developmental) \$25 \_\_\_\_\_ Sr. Academy (Developmental) \$25 \_\_\_\_\_

Appropriate application fees must be paid at time of registration.

**Additionally, all information must be completed to be considered for assistance from the Colorado Fusion.**

*Fall Advanced scholarships MUST be submitted by **June 26, 2009***

*Fall Developmental scholarships MUST be submitted by **July 31, 2009***

*Spring Advanced scholarships MUST be submitted by **November 20, 2009***

*Spring Developmental scholarships MUST be submitted by **February 12, 2010***

**GRANT REQUESTS WILL NOT BE CONSIDERED IF THERE IS AN OUTSTANDING BALANCE ON YOUR ACCOUNT**

## Player Information

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_ Age Group \_\_\_\_\_

Team Name \_\_\_\_\_ # of Family Members Requesting Grant \_\_\_\_\_ (submit form for each player)

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

Martial status \_\_\_\_\_ Total Number of Dependents \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

List any volunteer work you participated in this past soccer season \_\_\_\_\_

List ways you can volunteer your time this year \_\_\_\_\_

## Itemized Yearly Income

Father's Annual Salary: \$ \_\_\_\_\_

Mother's Annual Salary: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Other Income:  
(Social Security Income, Food  
Stamps, Unemployment,  
Disability, Pension) \$ \_\_\_\_\_

Total Gross Income \$ \_\_\_\_\_

**You MUST provide two (2) of the following documents with your application:**

- Federal tax return
- One other form of documentation of income such as last 2 consecutive pay stubs for each wage earner, Social Security Annual Benefits Statement or Unemployment Benefits Statement
- If you receive child support, food stamps, Department of Social Services financial assistance or other assistance, please provide documentation of this assistance as well.

Please list any special circumstances that may contribute to your request for financial assistance on separate sheet and attach to form.

Incomplete applications will NOT be processed or considered. You must attach application fee to form as well.

*I certify that the above information is accurate and truthful.*

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