



**CALCASIEU SOCCER CLUB**  
**P.O.Box 6398**  
**Lake Charles, LA 70606**  
**337-888-0999**  
**WWW.CSCSOCCERCLUB.ORG**

Calcasieu Soccer Club (CSC) will consider applications from players seeking assistance with CSC Eagles or Academy soccer team fees. This DOES NOT cover additional costs such as uniforms, soccer equipment and travel.

Applications should be submitted in writing and will be awarded by members of the CSC Board, depending on the number of applicants and amount of designated funds available. If the number of applicants exceeds the amount of designated funds available, scholarships shall be awarded by a lottery system. Recipients must reapply each year.

**Criteria for eligibility and award of scholarship funds:**

All applications will be treated with respect and confidentiality, however in order to better determine scholarship recipients, CSC asks for one or more of the following:

- Written request briefly describing the reason for the application
- Written recommendation by a school, church or social service representative
- Documentation showing receipt of assistance such as Medicaid, Food Stamps, Foster Care, etc.

**Requirements for eligibility and award of scholarship funds:**

1. The Player and/or family member must commit to volunteer to help with recreation program activities to be specified by CSC.
2. Player must maintain 75% attendance at practice and games.
3. Players and parents must abide by the CSC Code of Conduct.
4. Application must be made by parent, guardian or head of household.
5. Player MUST sell at least 1 sponsorship sign.
6. Player MUST participate in club fundraising activities.

# CSC EAGLES FINANCIAL AID FORM

Player Name: \_\_\_\_\_

Team Age Group: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Nature of Application (Please check one):**

Registration Fee Assistance: \_\_\_\_\_

Eagles Fee Assistance: \_\_\_\_\_ 50% discount \_\_\_\_\_ 65% discount \_\_\_\_\_ Extended payments

Academy Fee Assistance: \_\_\_\_\_ 50% discount \_\_\_\_\_ 65% discount \_\_\_\_\_ Extended payments

## **Select two of the following criteria you submitting to support your application and include any documentation with this form.:**

\_\_\_\_\_ Written request briefly describing the reason for the application

\_\_\_\_\_ Written recommendation by a school, church or social service representative

\_\_\_\_\_ Documentation showing assistance such as Medicaid, Food Stamps, Foster Care, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCAN & EMAIL THE COMPLETED FORM TO KYRA@CSCSOCCERCLUB.ORG**

**OR**

**MAIL TO CSC FINANCIAL AID, PO BOX 6398, LAKE CHARLES, LA 70606**