



## Leahi Scholarship Application

### **Purpose of the Leahi Soccer Club Scholarship:**

The Leahi Scholarship Fund was established in 2004, in an effort to minimize the financial obligations associated with participation on a Leahi Soccer Club team. The objective of this fund is to provide financial support to Leahi Soccer Club players who demonstrate need. Scholarship funds are limited and are awarded on a need basis ONLY. Scholarships are awarded twice a year, in the fall season (August) and again in the winter season (December). Scholarship funds are not available for travel purposes.

### **Eligibility:**

- Must be an active and contributing member on a current Leahi soccer team.
- Must be a member of Leahi Soccer Club for a minimum of one (1) year.
- Must SHOW financial need.

### **Exception:**

Team members who have less than one year of membership and are experiencing extraordinary circumstances may be eligible for scholarship. These circumstances may include, but are not limited to, unemployment, death, temporary disability, major illness, or other incidents that may adversely impact the family's gross income.

### **How to apply:**

- Complete Section I of the application. Any incomplete or missing information will void your application. You must submit one application per child. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.
- Mail your completed application to: Leahi Scholarship Committee  
2837 Puuhonua Street  
Honolulu, HI 96822
- Your application must be postmarked by **August 30, 2008**.
- Notify your team administrator and give them Section II and III. Your team administrator will complete Section II of the application and forward the application to your coach.
- Your coach will complete Section III of the application and mail it to the Leahi Scholarship Committee at the above address.
- Section II & III also must be postmarked by August 30, 2008. (Please remind your team administrator and coach of the deadline for Section II & III. It is your responsibility, that all sections are turned in).
- Applications submitted after August 30<sup>th</sup> will not be considered.

# Leahi Scholarship Application

## Section I (To be completed by parent or guardian):

Player Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Team Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Team Administrator: \_\_\_\_\_ Team coach: \_\_\_\_\_

Total number of family members in the household: \_\_\_\_\_ Total monthly income: \_\_\_\_\_

Your relationship to the player:

Parent(s) \_\_\_\_\_ Guardian(s): \_\_\_\_\_ Other (specify): \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Number of years this player has been a member of Leahi Soccer Club? \_\_\_\_\_

Has this player participated in team fund raising events? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_

Has the player participated in club fund raising events? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_

Did you volunteer in the Leahi- sponsored AIC Tournament in July, 2008? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

Amount of assistance requested: (check all that apply)

\_\_\_\_\_ Annual fees (HYSA and/or Leahi)

\_\_\_\_\_ Training fees: Specify number of months: \_\_\_\_\_

\_\_\_\_\_ Equipment fees: Specify how much and for what: \$ \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ Uniform costs

\_\_\_\_\_ Tournament fees (in-state): How many tournaments? \_\_\_\_\_

\_\_\_\_\_ Season fees: Approximated cost: \_\_\_\_\_

\_\_\_\_\_ Other: How much? \_\_\_\_\_ Specify for what purpose: \_\_\_\_\_

Have you ever applied for this scholarship before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times have you been granted a scholarship in the past? \_\_\_\_\_

Please provide any relevant information as it pertains to your request for financial assistance:

You must write information regarding your request for financial assistance.

---

---

---

---

---

---

---

---

---

---

I affirm the facts set forth in this financial application are true and complete. I understand that the misrepresentation or omission of facts shall be cause for non-consideration of aid, revocation of aid given and possible ineligibility for future aid. I understand that all information submitted on/with this application shall be kept confidential.

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

Due Date: **August 30, 2008** -You will be notified in writing of the status of your application.

Revised 07/08

# Leahi Scholarship Application

## Section II (To be completed by Team Administrator)

Player Name: \_\_\_\_\_ Team Name: \_\_\_\_\_  
Team Administrator: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Please rank team member above on a scale of 1 to 5 (5 being excellent) in the following areas:  
\_\_\_\_\_ Volunteerism    Commitment to club \_\_\_\_\_    Commitment to team \_\_\_\_\_

How much are your season fees per player? \_\_\_\_\_ How many seasons do you expect to play this '07-'08 year? \_\_\_\_\_ How much are your in-state tournament fees per player? \_\_\_\_\_ How many tournaments do you expect to play this '07-'08 year? \_\_\_\_\_ How much are your training fees per player this '08-'09 year? \_\_\_\_\_

Comments: (Please explain in detail why you feel this player should receive a scholarship).

---

---

---

---

---

---

---

---

Team Administrator Signature \_\_\_\_\_

## Section III (To be completed by the coach)

Team Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Comments: (Please explain in detail why you feel this player should receive a scholarship).

---

---

---

---

---

---

---

---

Team Coach Signature \_\_\_\_\_

Mail to: **Leahi Scholarship Committee**  
**2837 Puuhonua Street    \*Must be postmarked no later than August 30, 2008**  
**Honolulu, HI 96822**

-----  
For Official Use Only:  
Assistance granted: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of assistance: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_