



# Oahe Futbol Club

[oahefootball.com](http://oahefootball.com)

Oahe Futbol Club provides reduced registration fee scholarships which allow eligible youth to participate in competitive soccer. Uniforms, equipment, travel, or tournament fees are not applicable for scholarship. Scholarships are awarded on a first come, first serve basis and priority given to first-time applicants. Recipients are required to re-apply each year, with the understanding that they may not receive aid each year.

## Eligibility

To be eligible for a scholarship, a child must qualify for or be currently receiving assistance from one or more of the following programs listed below. Please mark which program(s) apply:

- Free or Reduced School Lunch
- Temporary Assistance for Needy Families (TANF)
- Foster Care
- Medicaid / Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)

## To Apply

1. Parent/guardian should submit the completed application to Oahe FC, PO Box 935, Pierre, SD 57501.
2. If the scholarship is approved and you have already registered for the current season, you will receive a refund of the scholarship amount.
3. If the scholarship is approved and you have not registered for the current season, you will be given a code to use during the online registration process that will deduct the scholarship amount.
4. If the scholarship request is denied, you will be notified in writing.

**Applicant/player name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

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

**Person we should contact regarding this application:** \_\_\_\_\_

**Relationship to applicant/player:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

*My child is currently enrolled in a public assistance program such as Free or Reduced School Lunch, Temporary Assistance for Needy Families, Foster Care, or Medicaid. I request a fee waiver or adjustment through the Oahe FC Scholarship Program. I certify that the information supplied above is true and correct and that I may be asked by Oahe FC to submit proof that I am receiving said services. Any information provided to Oahe FC will remain strictly confidential to the Oahe FC Board of Directors.*

Signature of person completing application \_\_\_\_\_ Date \_\_\_\_\_

Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_