

CAYSA & 4ATX FOUNDATION SCHOLARSHIP APPLICATION



The following information will be kept in the strictest confidence and used solely for the purpose of consideration for CAYSA & 4ATX Foundation Scholarship. 4ATX Foundation is the philanthropic arm of Austin FC. This form must be completed in its entirety. Intentional misrepresentation of your financial need could lead to discipline from CAYSA and the reservation of the right by CAYSA and/or 4ATX Foundation to recover awarded aid from applicant.

**PLEASE BE AWARE THAT ONLY APPLICANTS RESIDING
WITHIN THE CITY OF AUSTIN WILL BE CONSIDERED.
PLEASE PRINT NEATLY OR TYPE**

PLAYER'S NAME:

DATE OF BIRTH:

PHONE NUMBER:

GENDER:

ADDRESS:

CITY:

ZIP:

WHICH CLUB DO YOU PLAY FOR?

MOTHER/GUARDIAN'S NAME:

FATHER/GUARDIAN'S NAME:

MOTHER/GUARDIAN'S EMPLOYER & JOB TITLE:

FATHER/GUARDIAN'S EMPLOYER & JOB TITLE:

DO YOU RECEIVE PUBLIC BENEFITS?

I do not receive needs-based public benefits.

[If you checked this box, then please skip to the next page and provide the information requested.]

-OR-

I receive these **public benefits/government entitlements** that are based on indigency:

[Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check. If you check at least one box below and provide the requested proof, then you do not need to provide the household income/expense/asset/debt information on the following page.]

FOOD STAMPS/SNAP

TANF

MEDICAID

CHIP

SSI

WIC

AABD

PUBLIC HOUSING OR SECTION 8 HOUSING

OTHER: _____

LOW-INCOME ENERGY ASSISTANCE

EMERGENCY ASSISTANCE

TELEPHONE LIFELINE

LIS IN MEDICARE ("EXTRA HELP")

NEEDS-BASED VA PENSION

CHILD CARE ASSISTANCE UNDER CHILD CARE AND DEVELOPMENT BLOCK GRANT

COUNTY ASSISTANCE, COUNTY HEALTH CARE, OR GENERAL ASSISTANCE (GA)

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**IF YOU DID NOT CHECK ANY PUBLIC-BENEFIT/GOVERNMENT-ENTITLEMENT BOXES,
THEN PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Number of family members in your household *(residing at your home address)*:

Annual household income from all sources *(wages, unemployment, public benefits, disability, worker's comp, social security, retirement/pension, military housing, tips, bonuses, dividends, interest, royalties, child/spousal support, and/or income of any other members of your household)*:

\$

Total annual household expenses *(rent/house payments/maintenance, food and household supplies, utilities and telephone, clothing and laundry, medical/dental, life/health/auto insurance, school, child care, transportation, auto repair, gas, child/spousal support, wages withheld by court order, debt payments)*:

\$

Total value of your property *(cash, bank accounts and other financial assets, stocks, home, other real estate, vehicles, jewelry)*:

\$

Total outstanding debts:

\$

**PLEASE SUPPLY ANY ADDITIONAL INFORMATION YOU WOULD LIKE YOUR
CLUB TO CONSIDER WHEN EVALUATING THIS FINANCIAL AID REQUEST.
[USE AS MUCH SPACE AS YOU NEED – EVEN IF YOU WOULD LIKE TO USE ANOTHER DOCUMENT.]**