

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.

ACCEPTING APPLICATIONS UNTIL AUGUST 16, 2024.

PLEASE BE AWARE THAT ONLY APPLICANTS RESIDING WITHIN THE CITY OF AUSTIN WILL BE CONSIDERED.

PLEASE PRINT NEATLY OR TYPE

Please select the scholarship[s] you are applying for below:¹

- Roots Scholarship:** Athletes participating in local CAYSA leagues (D2, D3, Academy, D4) with demonstrated financial need are eligible. Applicants must complete the application only (no essay required).
- Oak Scholarship presented by Managed Facility Solutions:** U12-19 CAYSA-affiliated athletes participating in elite leagues (e.g., WDDOA, ECNL, USYS State Classic League, MLS NEXT, USYS Frontier Conference) and who demonstrate financial need are eligible. Applicants must complete the application and also the written essay portion on the third page of this document to be considered.

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:

¹ Only one (1) scholarship will be awarded to each prospective recipient, but applicants may apply for both opportunities if all eligibility criteria are met.

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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.]

- | | |
|--|--|
| <input type="checkbox"/> FOOD STAMPS/SNAP | <input type="checkbox"/> LOW-INCOME ENERGY ASSISTANCE |
| <input type="checkbox"/> TANF | <input type="checkbox"/> EMERGENCY ASSISTANCE |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> TELEPHONE LIFELINE |
| <input type="checkbox"/> CHIP | <input type="checkbox"/> LIS IN MEDICARE ("EXTRA HELP") |
| <input type="checkbox"/> SSI | <input type="checkbox"/> NEEDS-BASED VA PENSION |
| <input type="checkbox"/> WIC | <input type="checkbox"/> CHILD CARE ASSISTANCE UNDER CHILD CARE AND DEVELOPMENT BLOCK |
| <input type="checkbox"/> AABD | <input type="checkbox"/> GRANT COUNTY ASSISTANCE, COUNTY HEALTH CARE, OR GENERAL ASSISTANCE (GA) |
| <input type="checkbox"/> PUBLIC HOUSING OR SECTION 8 HOUSING | |
| <input type="checkbox"/> OTHER: | |
- _____

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:

\$

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**[ALL APPLICANTS] 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.]

[FOR APPLICANTS OF THE OAK SCHOLARSHIP PRESENTED BY MANAGED FACILITY SOLUTIONS]

IN 300 WORDS OR LESS, PLEASE EXPLAIN WHAT SOCCER MEANS TO YOU AND HOW IT HAS HELPED YOU MAKE AN IMPACT IN YOUR COMMUNITY.