



OREGON FUTBOL ACADEMY

144 SW G ST. GRANTS PASS, OR 97526
OFFICE: 541.471.1099

FINANCIAL AID/SCHOLARSHIP APPLICATION

OFA financial aid/scholarships are awarded based solely upon demonstrated need. Financial need will be the only determinant in receiving said financial aid/scholarship. Families will be responsible for paying any club and/or team/coaching expenses not covered by financial aid/scholarship resources.

Player Name		Date of Birth	
Street Address	City	State	Zip Code
Parent(s)/Legal Guardian(s) Name(s)			
Mailing Address	City	State	Zip Code
Phone Number		Email Address	
Current OFA Team or Age-Group			

The following information is required to determine eligibility for financial aid/scholarship. This information will be held in strict confidence, will not be disclosed to anyone except the OFA financial aid/scholarship committee, and will be used only for the purpose of determining eligibility for OFA financial aid/scholarships.

Please answer the following questions to the best of your ability.

Is parent and/or legal guardian currently employed? Yes _____ No _____

If not currently employed, how long has parent/legal guardian been unemployed?

Years _____ Months _____

What is the reason for unemployment? Explanation:

Does your child qualify for one or more of the following state/federal assistance programs? (Please check all boxes that apply):

Reduced/Free Lunch Program

- Food Stamps
- Foster Card
- Social Security Income
- Aid for Dependent Children
- Medicare/Medicaid
- General Relief

Has your child received financial aid/scholarship funds from OFA before?

Yes _____ No _____

List any other extenuating circumstances that may assist the Financial Aid/Scholarship Committee in approving request:

Must attach **ONE** of the following documents:

1. School Lunch Program Qualification Letter.
2. Federal Income Tax Return (**First Page Only**).

Parent/Guardian Statement

I certify that all information provided is true and correct. I understand that this information is being given for the receipt of financial aid assistance and/or scholarship funds and that OFA may verify the information on the application and that deliberate misrepresentation of the information may result in the immediate withdrawal of any financial aid assistance and/or scholarship funds. I further understand that the granting of financial aid assistance and/or scholarship funds is at the sole discretion of the OFA Board of Directors and scholarship coordinator, and will accept their decision as final.

Parent(s)/Legal Guardian(s) Signature(s)

Parent(s)/Legal Guardian(s) Full Name(s) (Printed)

Date

Phone Number