



OREGON FUTBOL ACADEMY

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

SCHOLARSHIP APPLICATION

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

Parent Name _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

The following information is required to determine eligibility for financial aid/scholarship. This information will be held in strict confidence and will be used only for the purpose of determining eligibility for OFA financial aid/scholarships.

Does your child qualify for Reduced/Free Lunch Program in the State of Oregon? _____

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

CHILDREN NEEDING ASSISTANCE:

Player Name	Age Division	Fee	Season
_____	_____	_____	<input type="checkbox"/> Fall
_____	_____	_____	<input type="checkbox"/> Winter
_____	_____	_____	<input type="checkbox"/> Spring

Must attach ONE of the following documents:

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

Applicant's Signature: _____ Date: _____

Scholarship:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	FOR OFFICE USE ONLY
Value of Award:	\$ _____	Date: _____	Approved By: _____
Fee Paid w/application:	\$ _____	<input type="checkbox"/> check# _____	<input type="checkbox"/> cash <input type="checkbox"/> Visa/MC
Balance Due:	\$ _____	Love Abounds Reimbursement:	_____