



SoFlo Adventist Sports  
3825 SW 41<sup>st</sup> Street  
West Park, FL 33023  
Email: [SoFloAdventistSports@gmail.com](mailto:SoFloAdventistSports@gmail.com)

[www.SoFloAdventistSports.org](http://www.SoFloAdventistSports.org)

## Scholarship Application

**Application deadline is: July 1<sup>st</sup>**

Be sure to fill out this application in its entirety. Applications missing information, including any requested documentation may be denied.

Scholarships are to be awarded in consideration of need, not based on talent or achievement of the player. Income guidelines to be considered for a scholarship are included on following page.

Every attempt will be made each year to secure scholarship funding but are not guaranteed or implied. Limited funds are available and are based on donations received in any given year specifically for SoFlo participant scholarships. If you can assist the SoFlo Board in any way by securing monies for our scholarship fund, please email us at [SoFloAdventistSports@gmail.com](mailto:SoFloAdventistSports@gmail.com)

Your child **MUST** be registered to participate at SoFlo prior to submitting your application; please visit [www.SoFloAdventistSports.org](http://www.SoFloAdventistSports.org) for the link to register.

Scholarships may be awarded in various amounts; not all aid is equivalent to full tuition. In an effort to help out as many athletes as we can and with the knowledge that there are limited funds, we are asking those of you that can afford to utilize our option of payment installments rather than receiving a scholarship to please do so.

Submit completed application and supporting documentation to the following address, by the deadline, to be considered:

SoFlo Adventist Sports  
Attn: SoFlo Scholarship Committee  
3825 SW 41<sup>st</sup> Street  
West Park, FL 33023

*Notification of scholarship award, if applicable, will be sent to applicants within 2 weeks.*

## Income Guidelines for Scholarship Consideration

Scholarships to SoFlo participants are based solely on the funds received by generous donors willing and able to give back to the community. Scholarships are approved based on need; not the receipt of an application. In general only applications received, by the deadline, that fall into the following guidelines will be considered.

I/we hereby certify that within the past twelve months my/our household income has been less than the maximum shown for my/our household size below:

Persons in Family	
2	\$ 29,460.00
3	\$ 33,180.00
4	\$ 36,840.00
5	\$ 39,780.00
6	\$ 42,720.00
7	\$ 45,660.00
8	\$ 48,600.00

Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payment from annuities, retirement plans, Social Security, and any other sources of income.

**\*\*PLEASE ATTACH DOCUMENTATION TO VERIFY INCOME\*\***

Should you have any concerns with these guidelines or feel your application should be considered even though you fall outside of these guidelines; please email [SoFloAdventistSports@gmail.com](mailto:SoFloAdventistSports@gmail.com)

Sincerely,

SoFlo Board  
Scholarship Committee



# SoFlo - Scholarship Application

All information provided will be held strictly confidential and will not be used for any other purpose  
False information will result in your application being disqualified for a scholarship

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 School Attending in Fall: \_\_\_\_\_  
 Years participate at SoFlo: \_\_\_\_\_ Grade (Fall): \_\_\_\_\_  
 Do you volunteer at SoFlo within the last 2 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Other sports/activities/clubs which you are involved: \_\_\_\_\_

## Family Information

Parent's Email: \_\_\_\_\_ Total # in Household: \_\_\_\_\_  
 Parent/Guardian #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Total Household Income (GROSS) \$** \_\_\_\_\_ **(Please include documents to verify income)**

Have you received scholarship funding from SoFlo in the past? Yes: Year(s) \_\_\_\_\_ No

I certify that the above information is complete and correct. Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payment from annuities, retirement plans, Social Security, and any other sources of income. I agree to provide documentation to verify household income level upon request by the SoFlo board, as requested.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note:** Scholarships are not available for everyone. Applications should be submitted as soon as possible, at least by July 1st. Those received after July 1 may not be reviewed.  
 Please REGISTER your child for the season, **BEFORE** submitting scholarship application

### For Internal Use Only

Date Received: \_\_\_\_\_ Is Applicant Registered: Yes No  
 Is Applicant within guidelines: Yes No Scholarship Awarded: Yes No  
 Receipt Notification emailed: Yes No Amount: \$ \_\_\_\_\_  
 Notification emailed by (initial): \_\_\_\_\_ Date Awarded: \_\_\_\_\_