

NATIONAL SPORTS CENTER FOR THE DISABLED
SCHOLARSHIP GUIDELINES
2009-10

Thank you for your interest in a Sponsor An Athlete (SAA) scholarship with the NSCD. Please note that if you are chosen for a scholarship, you will be required to submit your 2009 tax return as proof of income.

2009-10 Scholarships

Athletes who demonstrate a financial need may apply for a scholarship to participate in the 2010 Soccer Ability League.

Transportation

Scholarship recipients need to arrange for their own transportation to program activities.

Requirements of Scholarship Recipients

Failure to comply with these 3 requirements will result in being ineligible for future scholarships.

- 1) Sponsor an Athlete scholarships are made possible through the generosity of individuals, foundations, and corporations. If you are selected to receive a scholarship, you must write a thank-you note so that we may send it to donors who would like to learn more about the athletes they are sponsoring.
- 2) Scholarships are nontransferable and are for use by the accepted applicant only. If you will not be able to use the scholarship, you must notify the NSCD as soon as possible.

Application Instructions

Incomplete applications will not be considered.

- For the 2010 spring soccer season - Applications must be received by Friday, April 16th

It is important that you provide a complete list of all household income/financial information, including all household job-related and public assistance income. Applications will be considered incomplete if they do not include this information in full.

Mail or fax your application to the NSCD Denver office:

**National Sports Center for the Disabled
1801 Bryant St, #1500
Denver, CO 80204
Attn: Patty Disney, CFO**

Fax: 303.293.5448

Please call 1.800.289.2071 if you have any questions.

Sponsor an Athlete Scholarship Application

Name _____

Home Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

E-mail address _____

If under age 18, guardian name

1) Disability _____

2) Place of employment (if under age 18, parent/guardian place of employment)

Work Phone _____

3) Do you currently receive public assistance income (social security, disability compensation, etc.)?

Yes No

If yes, please specify _____

4) Monthly household income _____ Number of people in household _____

(Please include all household, job-related and public assistance income)

5) Dollar amount in monthly bills (utilities, rent/mortgage, meals, medical, etc.)

6) Have you participated previously at the National Sports Center for the Disabled? Yes No

If yes, what activities _____

For how many years _____

7) I plan to participate in NSCD programs through a hospital, school, parks and recreation department, or other type of organization. Yes No

If yes, list name of organization

_____ Contact Person & Phone _____

8) Please describe how you believe participating in NSCD programs will benefit you (i.e. meet new friends, improve physical condition, etc

9) Please provide any additional information the NSCD should consider when reviewing your application.

I have read and understand the Application Guidelines and Requirements of Scholarship Recipients. If I receive a Sponsor an Athlete Scholarship from the National Sports Center for the Disabled, I agree to those conditions. I understand that failure to comply with the requirements will result in being ineligible for a scholarship for the following year. (I understand that I will be asked to provide a tax return as proof of financial information listed.)

Applicant/guardian signature

Date _____

_____ I have a family member or friend who would like to give back to the NSCD by volunteering his/her time. Please send me more information.

It is the policy of the National Sports Center for the Disabled to maintain a nondiscriminatory application process. The NSCD does not award scholarships based upon age, sex, race, color, religion, national origin, disability, sexual orientation, marital status or veteran status.