

Anthracite Football Club Scholarship Application

OVERVIEW

Anthracite Football Club (AFC) provides scholarships for registration and participation fees to children who, without financial assistance, would be unable to participate in our program. In certain cases the scholarship may also provide assistance for basic equipment required to participate in AFC. Scholarships are based upon proof of financial hardship. Applicants will need to demonstrate a need for financial assistance.

AFC is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications exceeds the amount available, the scholarships will be awarded by the AFC Scholarship Committee who will review applications in order to determine need and allocate the funds available. AFC does not discriminate on the basis of race, color, national origin, sex or disability in its programs and activities. All information supplied in this application will be kept confidential and will not be shared with anyone outside of the AFC Scholarship Committee.

ELIGIBILITY

Requirements for eligibility:

- Athletes must be of eligible age to participate.
- Parents/Guardians commit that the athlete will attend a minimum of 95% of all scheduled games and practices for competitive programs and 90% of recreational practices and games.
- Parents/Guardians agree to 8 hours of volunteer time per scholarship recipient. Hours will support AFC related activities and must be completed no less than one month after the season has completed.
- Per IRS guidelines, AFC is required to issue a 1099 form to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.

QUALIFICATIONS:

Please provide all information required to help AFC determine qualifications.

Scholarship consideration will be given to families who meet the following criteria:

Required:

- Provide a copy of your IRS form 1040 from the recent tax year
- Provide a statement of your assets, debts, and expenses
- Complete the application form and read and sign the terms and conditions agreement.

Optional/Supplemental:

- Provide written documentation of assistance from such programs: Food Stamps, Medicaid, SSI, Foster Care, Win, Etc. and can provide written documentation of participation in these programs.

- Provide written recommendation from a school representative, social worker, community center or other social service representative.
- Provide a personal statement of immediate financial hardship explaining your current situation. The board will consider this statement in determining the scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship.

Incomplete applications will automatically be denied.

PROCEDURE

Scholarship requests must be submitted to AFC by May 11th 2026 in order to be considered.

A parent, guardian or head of household must complete the application, with all requested information provided. All items on the Terms and Conditions statement must be initialed and the form must be signed and dated.

Incomplete or late applications will be automatically denied.

The AFC board will consider all scholarship applications completed with all necessary documentation and received by the deadline.

The amount of scholarship awarded (if any) may be a partial or full depending on the number of applicants and funds available.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant, the athlete must still complete the registration process.

Anthracite Football Club Scholarship Application Terms and Conditions

“I”, “me” and “my” refer to the adult scholarship applicant.

_____ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.

_____ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

_____ 3. I understand that members of the Anthracite Football Club (AFC) Board of Directors consider each scholarship application on a case-by-case basis.

_____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.

_____ 5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for any equipment and uniforms required for my child’s participation.

_____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

_____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, AFC may immediately terminate my child’s privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to AFC the full value of any scholarship awarded.

_____ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 8 hours, per scholarship recipient, with a maximum of 20 hours required per calendar year. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for 12 months.

_____ 9. I understand it is my responsibility to ensure my child(-ren) attend 90% of all scheduled practices and games for recreation sports and 95% of all scheduled practices and games for competitive sports.

_____ 10. I understand that if I do not meet any requirements put forth in this agreement or if my player ceases to participate in AFC programming, I can be held financially responsible to pay back any aid received.

_____ 11. This application is considered private and will not be shared with anyone other than the scholarship review board.

Signature of Adult Applicant

Printed Name of Adult Applicant

Date

Name of Scholarship Athlete

Anthracite Football Club Scholarship Application

ATHLETE INFORMATION

Athlete's Name:
Age:
Birth date:
Address:
Street:
City:
State:
Zip:
School Athlete Attends:
Grade:
Teacher's Name:
School Phone:
Athlete lives with: () Both Parents () Mother () Father () Other

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$
Number of dependent children in your household during the last tax year:
Number of people in your household total:
Parent 1/Guardian 1 Name:
Occupation:
Employer Name:
Employer Address:
Home Phone:
Work Phone:
E-mail:
Parent 1/Guardian 1 Monthly Income (including alimony/child support) \$:
Parent 2/Guardian 2 Monthly Income (including alimony/child support) \$:
Parent 2/Guardian 2 Name:
Occupation:
Employer Name:
Employer Address:
Home Phone:
Work Phone:
E-mail:
Do you currently receive state or federal financial assistance? () Yes () No If yes, what type?
If you receive state/federal financial assistance, is this your sole source of income? () Yes () No

SCHOLARSHIP INFORMATION

Amount of scholarship requested: () Full () Partial
What monthly payment can you afford to make to Anthracite FC?
Do you also request additional assistance to purchase basic equipment needed for this sport season?
() Yes () No

PREVIOUS PARTICIPATION

Has your player previously played for Anthracite FC / Riverfront United FC? () Yes () No
Name of Team & Organization:
What was the cost of that sport(s) played?
Has this athlete ever received scholarship before? () Yes () No
If yes: Which sport(s)/organization:
Year(s):
Amount \$

Anthracite Football Club Scholarship Application Statement of Assets, Debts & Expenses

Statement of Assets		
Asset	Description	Fair Market Value
Real Estate (List kind of property and location)		
Other Real Estate (List kind of property and location)		
Vehicle (Give year and make)		
Other Vehicles (Give year and make)		
Checking account (Give name of financial institution)		
Savings account (Give name of financial institution)		
IRA/Pension/Profit Sharing		
Life Insurance with cash value		
Stocks/Bonds/Certificates of Deposit		
Other assets valued over \$200		
	TOTAL VALUE OF ASSETS:	

Long Term Debts and Monthly Expenses			
Long Term/Installment Debts	Creditor Name	Balance Owed	Monthly Payment
Mortgage Payment (Include property taxes and insurance if included in payment)			
Credit Cards			
Automobile Loans			
Other			
Other			
	TOTAL OWED:		

Other Monthly Debts/Expenses

Rent (Do not duplicate mortgage payment above.)	
Repairs/maintenance on home	
Food	
Electricity/water/heat	
Telephone	
Laundry and dry cleaning	
Child support (paid for children not in your home)	
Maintenance (paid to an ex-spouse)	
Clothing and shoes	
Health insurance premiums	
Medical/dental/drug expenses not covered by insurance	
Life insurance premiums	
Other insurance premiums (specify):	
Child care	
Cable TV	
Transportation costs (oil/gas/commuting)	
School	
Entertainment/incidentals/newspapers/books/periodicals	
Other:	
Other:	
Other:	
TOTAL MONTHLY PAYMENTS:	

Anthracite Football Club Scholarship Application Checklist

Please indicate supporting documentation being provided:

- Proof of Income
- Statement of Assets, Debts, and Expenses
- Proof of receipt of state or federal financial assistance
- Letter from school, social workers, youth community center workers, or other social services representatives
- Written Personal Statement of Immediate Financial Hardship
- Other (explain in detail):