

NTSSA ODP SCHOLARSHIP

This form must be completed for you to be considered for financial aid in ODP. (This information is completely confidential.) Indicate address that is yours.

Applicant Name		Gender:		Date of Birth:		Event:	
Father/Guardian Name:				Mother/Guardian Name:			
Address: City/Zip Code:				Address: City/Zip Code:			
Phone:				Phone:			
Occupation:				Occupation:			
Employer:				Employer:			
Employer Address:				Employer Address:			
Employer Phone:				Employer Phone:			
Siblings Names		At Home (Yes/No)		Play Soccer		Grade/ College	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
Fathers Gross Income: (Circle)		Below \$10,000	\$10,000 - \$20,000	\$20,000 - \$30,000	\$30,000 - \$40,000	\$40,000 - \$50,000	Above \$50,000
Mothers Gross Income: (Circle)		Below \$10,000	\$10,000 - \$20,000	\$20,000 - \$30,000	\$30,000 - \$40,000	\$40,000 - \$50,000	Above \$50,000
Other Income:		Pension \$ _____		Social Security \$ _____		Child Support \$ _____	
		VA Benefits \$ _____		Other \$ _____		How Generated _____	
Amount requested		How many years have you participated in ODP?		Have you previously received aid from NTSSA or ODP Scholarship?			
<i>Please include copy of last 2 current pay stubs or last years W-2.</i>							
Please explain any financial circumstances and/or hardships that affect your family (use attached sheet if necessary): _____							

<i>To the best of my knowledge, the above information is true and correct.</i>							
Signature (Parent Guardian)		Signature (Applicant)			Date		