



GSA SCHOLARSHIP APPLICATION

Date _____

Team _____ (i.e. U10)

Boys or Girls _____

PLAYER NAME _____

PARENT/GUARDIAN (1) _____

ADDRESS _____

PARENT/GUARDIAN (2) _____

MONTHLY GROSS INCOME – PARENT (1) _____

INCOME FOR PRIOR 90 DAY PERIOD (1) _____

MONTHLY GROSS INCOME – PARENT (2) _____

INCOME FOR PRIOR 90 DAY PERIOD (2) _____

HOME PHONE _____

MONTHLY HOUSING EXPENSE _____

MONTHLY UTILITY EXPENSE _____

CELL PHONE _____

DO YOU OWN OR RENT? _____

EMAIL ADDRESS _____

AGE OF OTHER FAMILY MEMBERS _____

ARE YOU RECEIVING FREE OR REDUCED LUNCH FOR YOUR CHILD? _____

PLEASE LIST WHAT YOU CAN AFFORD TO PAY FOR GSA CLUB DUES? _____

This amount could be paid in installments.

Please note that if approved the scholarship request is only for GSA club dues. You will still be responsible for team fees and uniforms.

Please email application to the GSA President at president@gainesvillesoccer.org.

GSA is an equal opportunity club. It forbids discrimination on the basis of race, religion, sex, nationality, age, or health needs. GSA scholarship committee will keep all information provided above confidential.

PARENT/GUARDIAN

PARENT/GUARDIAN

