



GWINNETT SOCCER ASSOCIATION FINANCIAL AID APPLICATION

Date: _____

Player's Name: _____

Player's Address: _____

Parent's Name: _____

Email Address: _____

GSA Team: _____

Amount Requested: _____

Reason for Request: _____

Have you applied for financial aid before? _____

In order to determine how much financial aid you may be eligible for, please submit a copy of the first two pages of your most recent tax return. Financial Aid may be requested through GSA to cover any amount up to the full cost of registration fees and team camp fees. Other costs (i.e. uniform, training fees, tournament fees, etc.) should be arranged with the coach/team manager of the team listed above. Any late fees cannot be covered in a request for financial aid.

I understand that financial aid is awarded based upon financial need and the associations ability to afford the financial aid. Receipt of financial aid for one season is no guarantee of future financial aid. I also understand that any amount that is granted as financial aid must be re-paid to the association before a transfer or release will be approved.

I also acknowledge that GSA is a private non-profit organization that depends on the volunteer efforts of our membership to effectively run and operate the association. By signing this form you acknowledge that you may be called upon to participate in one or more job or assignment during the season.

Application should be submitted to the Registrar or GSA President.

Signature of Applicant: _____

Amount Approved: _____

Denied

Signature of GSA President: _____