

# Strikers of Gaston County Soccer Association - Scholarship Application

SGCSA is committed to making soccer financially feasible for any and all children interested in playing. A Scholarship Committee will review all applications in strict confidence. Scholarship only applies to SGCSA Club Fees. Any player receiving a reduced fee, including midseason additions, must complete the scholarship application.

Player's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male/Female

## Parent(s) or Guardian(s) Information

Mothers Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Fathers Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Parent/Guardian Employer(s): \_\_\_\_\_

How many adults are supported by your household income? \_\_\_\_\_

How many children are supported by your household income? \_\_\_\_\_

Estimate gross income (before taxes) earned by all adults in household during last year: \_\_\_\_\_

How much child support did your household receive last year from a non-custodial parent? \_\_\_\_\_

## The Scholarship Committee may request additional information, including but not limited to:

- Copy of most recent Federal and State income tax returns for all adults in household
- Copy of 2 current pay stubs for all adults in household
- Statement of extraordinary circumstances that make it difficult to pay the club

## I understand that my child's participation in this program requires:

- A commitment to attend scheduled practices, games and tournaments
- Meeting or exceeding volunteer responsibilities agreed upon by the parents/guardians and SGCSA, including but not limited to, players, parents and/or guardians volunteering at tournaments and festivals
- SGCSA reserves right to revoke a player's right to play if these commitments are not fulfilled
- A reduced commitment fee of \$50

**All statements in this application are true to the best of my knowledge.**

Parent or Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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