



# Greenfield Area Soccer Club

1547 N. STATE ST, BOX 185 GREENFIELD, IN 46140  
TREASURER@GREENFIELDSOCCER.ORG



FINANCIAL  
Aid Application

## YOUR CONTACT INFORMATION

First Name  Last Name

Address

City/State  Zipcode

Phone  Email

## YOUR FAMILY

What program will your child(ren) be playing In?

Acadmey (travel) U:   Recreational. U:

Player(s) Name(s) and Date of Birth

## LIST ALL FAMILY MEMBERS LIVING IN THE HOME

|          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

List All Family Members working In the household.

|          |                               |
|----------|-------------------------------|
| 1. _____ | relationship to player: _____ |
| 2. _____ | relationship to player: _____ |
| 3. _____ | relationship to player: _____ |
| 4. _____ | relationship to player: _____ |



## Part Two

\*All Information In this section must be completed. Incomplete applications will not be considered\*

\*Monthly Income (wages) Please provide 2 most current paystubs.

\*Unemployment:

\*Public Assistance (food stamps, SSI & Disability)

Does your family qualify for free/reduced lunch? Yes  No

**Family Requesting, please check all that apply:**

| <u>Recreation Program</u>                       | <u>Academy (travel) Program</u>                 |
|---|---|
| Partial Fee Assistance <input type="checkbox"/> | Partial Fee Assistance <input type="checkbox"/> |
| Full Fee Assistance <input type="checkbox"/>    | Full Fee Assistance <input type="checkbox"/>    |
| Uniform Assistance <input type="checkbox"/>     | Uniform Assistance <input type="checkbox"/>     |
| Total Amount Requesting: <input type="text"/>   | Total Amount Requesting: <input type="text"/>   |

Reason for requesting this scholarship?

I certify and affirm the above information is correct and complete to the best of my knowledge. I agree to inform Greenfield Area Soccer Club of any changes in my income, family size, or ability to pay. I understand incomplete information could jeopardize eligibility for financial scholarships. I understand GASC, its Board of Directors, coordinators, coaches, volunteers and team managers; make no promise or assurance of financial aid. Determination is based on several factors and by the GASC Financial Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Part Three

To be completed by the GASC Financial Committee, for office use only.

Amount of Award

Parent contribution? Yes  No  Amount

Uniform Assistance? Yes  No  Amount

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Financial Committee Signatures

Date

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Financial Committee Printed Names