

GA-SC Bulls Soccer Club

FINANCIAL GRANT REQUEST FORM (as of 9 Jun 10)

In furtherance of its charitable status, GA-SC Bulls Soccer Club has established a Financial Grant Program, which is designed to bridge the gap between fees and what a family can reasonably contribute toward their child's participation in youth soccer. **Families will be asked to pay ½ or more of the Club Fees: U8 - \$580; U9/U10 - \$940; U11/U12 - \$1080; U13/U14 - \$1130; U15 thru U19 - \$790.**

Player's Name _____ Birth date _____
Phone Number _____ Email Address _____

Employment Information

Are you currently employed? Yes _____ No _____

Employer's Name _____

Position _____ Years with Company _____

Is your spouse/significant other employed? Yes _____ No _____

Employer's Name _____

Position _____ Years with Company _____

Financial Data

Are you receiving State or Federal aid? List all (i.e. food stamps, Medical aid, etc.) ___Yes ___No

Do you qualify for the school district's free lunch program? _____ Yes _____ No

Please describe any special circumstances and why you should be considered for Scholarship:

Applicants must submit a copy of the **2009 Income Tax Return** and agree to **volunteer for club functions** as needed. I fully understand that should my employment or financial position change that I will notify GA-SC Bulls Soccer Club of such change.

Parent's Signature _____ Date _____

Print Name _____ Phone Number _____

To be considered, all application requests must be complete. Deadline for Fall/Spring 2010/2011, must be submitted by June 30, 2010. Information from application will only be viewed by the Financial Committee and will be kept confidential.

(No assistance can be provided for tournament cost.)

**Submit form and other requested information to: GA-SC Bulls Soccer Club,
41 Longwood Dr.
Aiken, SC 29803**