Application for Fee Assistance GASC

Program Description:

Greenfield Area Soccer Club offers a fee assistance program for youth soccer participants, who are in need of financial aid, in order to play soccer in the Recreational or Strikers Travel Program. Eligibility is determined annually for club and/or travel uniform fees only. One application needs to be completed per family but list all children playing and their division. Applications must be submitted on/or by your team's first practice session. The amount of assistance given to each player is determined on an individual basis, and families will be notified within three weeks of receiving applications.

***Additional volunteer time is expected by the GASC for families receiving scholarships.** Families will be informed of the different volunteer opportunities at the beginning of each season by letter. This could include working additional shifts in the concession stand, assist in maintaining the fields for opening and closing of season, or any other assignments identified by the GASC Board of Directors.

Confidentiality:

All information is for the sole purpose of assisting the GASC Financial Committee to make scholarship decisions. Family information is strictly confidential and will not be shared with anyone other than the GASC Executive Committee, Financial Committee, and chairpersons overseeing volunteer positions within the GASC program.

Only completed applications with supporting documentation will be considered by the GASC Financial Committee. Applications can be mailed to:

GASC-Financial Committee
Scholarship Application
1301 Sherwood Dr Greenfield, IN 46140

Part One:

Player Applicant(s): _____
Program (pick one): Travel Team: U_____ Recreational Team: Pele___ U___
Home Address: _____
City: _____ Zip Code: _____
Person completing form: _____
Relationship to applicant: _____
Email: _____
Reason for requesting scholarship: _____
_____
_____

Part Two

All information must be completed below.
*** indicates supporting documentation must be included with application for all members of the family.**

Player Applicant(s): _____
Home Address: _____
City: _____ Zip Code: _____

List all living in the household (including all adult/children):

1) _____ 5) _____
2) _____ 6) _____
3) _____ 7) _____
4) _____ 8) _____

List all individuals and relationship to applicants who are working in the household:

1) _____ Relationship: _____
2) _____ Relationship: _____
3) _____ Relationship: _____
4) _____ Relationship: _____

*Monthly Income (wages): $_____ (two most current and consecutive pay stubs)
*Unemployment: $_____
*Public Assistance: $_____ (Food Stamps, SSI, and Disability)

Family requesting: Check which applies

Full Fee Assistance (Recreation Program)
___Full Feel Assistance (Travel Program)
___Partial Fee Assistance (Recreation Program)
___Partial Feel Assistance (Travel Program)
___Travel Uniform Assistance only
Total Amount Requesting: $_____

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.

_____
Applicant Signature Date

Part Three (Club use only)

Amount awarded by GASC: $_____

Parent Contribution: Check one
___ No
___ Yes

$_____ ($_____ per month _____ months)

Uniform Assistance: full $_____ partial $_____

_____
Financial Committee Signature Date