

GA-SC Bulls Soccer Club
FINANCIAL GRANT REQUEST FORM

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. **All requests granted will be no more than ½ of the Club fee for your child's age group. Club Fees: U9/U10 - \$900; U11/U12 - \$1035; U13/U14 - \$1085; U15 thru U19 - \$760**

Player's Name _____ Birth date _____
Date: _____ Team Name: _____ Level: _____

Employment Information

Are you currently employed? Yes _____ No _____

Employer's Name _____

Address _____

Position held _____

Length of time with Company _____

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

Employer's Name _____

Address _____

Position Held _____

Length of Time with Company _____

Financial Data

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

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:

Upon acceptance, the applicant must submit a copy of the **2008 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 _____

To be considered, all application requests must be complete. Deadline for Fall/Spring 2009 must be submitted by **June 30, 2009. 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,
Financial Grant, 262 Eastgate Dr.
Aiken, SC 29803-7698**