

GOAL KICK SPORTING GOODS - SOCCER CAMP 2017 SCHOLARSHIP APPLICATION FORM

Player's Full Name: _____

Birth date: ____/____/____ Gender: M F (circle one)

Player's street address: _____

City: _____ Zip: _____

Name(s) of parent(s) or guardian(s) at above address: _____

Home phone: (____) _____ Other phone: (____) _____

How many players, other than listed above, are playing for Goal Kick Indoor Soccer? _____

Are you applying for scholarships for any of these other children? Yes No (circle one)

(To apply for additional children in the family, list each child's name & birth date on an additional application form.)

How many adults _____ and children _____ are supported by your household income?

Total gross income (before taxes, inc. child support) earned by all adults in your household last year:

under \$25,000 _____ \$25,001-35,000 _____ \$35,001-45,000 _____

\$45,001-\$50,000 _____ over \$50,000 _____

Check assistance the player's family receives (check all that apply):

subsidized housing _____ free school lunch _____

food stamps _____ reduced school lunch _____

medical assistance _____ other _____

We ask that you contribute \$20 to cover the cost of ball and t-shirt.

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

Signature of Applicant

Printed Name of Applicant

Today's date: ____/____/____

**** Please bring this completed form to Goal Kick Sporting Goods to complete the registration process. Applicants must be registered to apply for the scholarship. We cannot guarantee scholarship approval. We will contact you directly if your scholarship is not approved, or if we need more information to complete the scholarship request.**

Date of registration: _____

Date of payment: _____