

# GSC Soccership Application 2011

The Grafton Soccer Club (GSC) offers soccerships (Financial Aid) to assist families with qualifying income to offset player and related fees. Each family must complete this application in full and submit it along with a copy of the Federal 2010 income tax forms to the Grafton Soccer Club by the respective cutoff date.

By signing this application, the family is agreeing to **parent volunteer time of 1 hr. per \$20 of Financial Aid received.** Funds may be revoked if the parent and player do not abide by the GSC player/parent commitments signed at the beginning of each year. The parent agrees to volunteer time as identified on the GSC registration form.

The family standing within the club will be negatively impacted if the volunteer hours are not met.

**The application must be completed in full for consideration and only applications with tax forms will be considered.**

All applications completed in full and submitted by the deadlines will be considered and after that based on availability.

Application Due Dates:

Recreational and Academy	7/1/2011
U11-U14 Select	6/24/2011
U15+ Girls Select	7/1/2011
U15+ Boys Select	7/20/2011

Parent Names

Player Name \_\_\_\_\_ DOB: \_\_\_\_\_

Circle One:    Recreational        Select        Academy

Player Name \_\_\_\_\_ DOB: \_\_\_\_\_

Circle One:    Recreational        Select        Academy

Player Name \_\_\_\_\_ DOB: \_\_\_\_\_

Circle One:    Recreational        Select        Academy

E Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \_\_\_\_\_        Family Size (including yourself) \_\_\_\_\_

Do you work? \_\_\_\_\_        Spouse Work? \_\_\_\_\_

Monthly Wage: \_\_\_\_\_        Monthly Wage: \_\_\_\_\_

Gross Monthly Income:

_____	<b>Social Security</b>
_____	<b>Pension</b>
_____	<b>Disability</b>
_____	<b>Alimony/Child Support</b>
_____	<b>Family Assistance (food stamps, etc)</b>
_____	<b>Veteran's Disability</b>
_____	<b>Dividends</b>
_____	<b>Rental Income</b>
_____	<b>*Worker's Compensation</b>
_____	<b>*Strike Benefits</b>
_____	<b>*Unemployment Compensation</b>
_____	<b>Total Monthly Income</b>

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you receive free or reduced Lunch?    YES    No    If yes, circle one:    FREE LUNCH    REDUCED LUNCH

What amount of Soccership are you requesting?   

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Send the above items to:

[graftonrangers@gmail.com](mailto:graftonrangers@gmail.com)        OR  
 Grafton Soccer Club  
 c/o The Soccership Review Committee  
 PO Box 353  
 Grafton WI 53024        OR DROP OFF AT  
 141 W Althea Dr.  
 Grafton, WI 53024        OR DROP OFF AT  
  
 W73 N734 Locust Avenue  
 Cedarburg, WI 53012