

# North Georgia United Soccer Club

## Request for Financial Assistance

Player Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Team Name/Coach (if applicable) \_\_\_\_\_

**Circle One:** Recreational Player, Pre Academy Player, Academy Player, Summer camper, Travel player

Father's/Guardian's Name: \_\_\_\_\_

Father's Guardian's Employer(s): \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Mother's/Guardian's Employer(s): \_\_\_\_\_

The following requested information will only be used by the NGUSC. The scholarship/Financial Aid Committee will determine player eligibility for needs--based financial assistance.

To apply for scholarships through North Georgia United Soccer Club:

1. Attach a paragraph explaining why you are requesting assistance. \*\* see bottom of application to write paragraph \*\*
2. Submit the following to the scholarship committee:
  - a. Completed scholarship application form
  - b. Recent paystubs for all working adults in the household
  - c. Most recent completed 1040 Tax Return (pages 1 and 2 only) for both parents/guardians
  - d. Any other documentation that might help us understand your need

How many NGUSC soccer players (Academy \_\_\_\_\_, Rec \_\_\_\_\_, and Summer camper \_\_\_\_\_) are In your household. Number of years family has been affiliated with NGUSC: \_\_\_\_\_ Total # of children playing competitive sports:

\_\_\_\_\_

Total Household Income: \_\_\_\_\_ Circle one: Monthly, Annual  
(all sources, prior to taxes)

Is anyone in the household receiving the following assistance (please circle):  
**Medicaid/Medicare / Food Stamps / Child Support / Reduced Lunch / Unemployment**

I would like to help with:

- \_\_\_\_\_ Games at home  
\_\_\_\_\_ Rec league volunteer coach  
\_\_\_\_\_ Registration  
\_\_\_\_\_ Summer camp set up  
\_\_\_\_\_ Delivering fliers  
\_\_\_\_\_ Free soccer clinic registration and set up  
\_\_\_\_\_ Other

( \_\_\_\_\_ ) I certify

That the information provided is true, complete and accurate. I realize that financial assistance to a player/family may be terminated if the financial situation is resolved, funds become unavailable, or if the player is deemed in conflict with the Club/Team requirements for player commitment or behavior. I realize that financial assistance is

not guaranteed for subsequent seasons.

Signature Name (please print): \_\_\_\_\_

Relationship to player: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number/Email \_\_\_\_\_

Scan and email to [benclark@northgeorgiaunited.com](mailto:benclark@northgeorgiaunited.com)

Or mail to:

**North Georgia United:  
Po box 371, Rome, GA, 30162**

---

---

---

---

---

---

---

—