

**Greater Libertyville Soccer Association
Competitive Financial Scholarship Application
2018-19**

Financial scholarships are awarded on the basis of financial need and availability of GLSA funds. Recipients of financial scholarships for the competitive program will be required to perform *additional* volunteer work over the course of the soccer year. The number of additional hours required will be based on the level of the scholarship awarded and will be indicated in the scholarship acceptance letter. Priority will be given to returning GLSA players. GLSA is not obligated to award scholarships to all applicants. ***Applications which are not completed in full, including 2017 tax return, will not be considered.***

Financial Aid recipients are required to sign the GLSA financial agreement, in which the family agrees to the awarded financial responsibility and any payment plan set up between the individual and the club administrator. Recipients of financial aid cannot buyout of their volunteer commitments. When parents do not meet this agreement, GLSA reserves the right to revoke the scholarship, placing the player in bad financial standing, which can result in the removal of training and playing privileges.

I, the parent of the child identified below, am requesting a financial scholarship to cover registration fees for my child to participate in the following GLSA soccer program:

- ☐ **Premier Program**
- ☐ **FC 1974 Program**

Both Premier and FC 1974 Program scholarships cover only items included in the GLSA registration fees as listed on the Program Details, up to a 90% maximum. Scholarships DO NOT include uniforms, fees for additional tournaments beyond what is specifically covered by the GLSA registration fees, player travel expenses for any tournaments, indoor league participation (if applicable), the High School Excellence Program, and any other items not specifically mentioned in the Program Details. League fees (IWSL, YSSL, MRL) ARE included; additional MRL hotel fees for overnight travel are NOT included. If accepted into National League, that is not included.

Please complete the scholarship application and submit it to the GLSA office along with copies of BOTH Federal and State 2017 tax returns (parents filing separate tax returns must submit copies of both). Scholarship application must be submitted at time of tryout registration or no later than April 30, 2018 for all ages. GLSA's goal is to notify applicants of their scholarship award, if any, at the time of team placement notification. If this is not possible, notification will be made prior to walk-in registration in mid-June.

Child Registering: Boy _____ Girl _____ New to GLSA? Yes ___ No ___
Grade for fall season: 1 2 3 4 5 6 7 8 HS (Circle grade child will be in Fall 2018)
Age group for fall season: U8 U9 U10 U11 U12 U13 U14 HS

Player last name: _____ First Name: _____

Address: _____

Phone: _____ Gender: M or F Birthdate: ____/____/____

FATHER'S Last Name: _____ First: _____

Marital Status: () Widowed () Single () Married () Divorced

Social Security Number _____

Driver's License Number _____

Email address: _____

Phone, if different: _____ Employer: _____

Employer Address: _____

Employer

Phone _____

Father's annual income _____

MOTHER'S Last Name: _____ First: _____

Marital Status: () Widowed () Single () Married () Divorced

Social Security Number _____

Driver's License Number _____

Email address: _____

Phone, if different: _____ Employer: _____

Employer Address: _____

Employer

Phone _____

Mother's annual
income _____

Total Family
income _____

This amount should include income of any/all caretakers and/or guardians of player.

Describe existing circumstances that support your request for financial assistance.

The information contained in this application is accurate and complete to the best of my knowledge. I understand and agree that all information furnished in this application may be investigated by GLSA or its authorized representatives. I also understand that any intentional misrepresentation or false statement within this application may result in criminal and/or civil action under Illinois law.

I hereby authorize GLSA or its authorized representatives to obtain a credit report on my behalf.

I hereby authorize my current and/or past employers to release to GLSA or its authorized representative's salary and wage information, including work history.

I hereby agree to the terms of any scholarship awarded as described above, as well as the guidelines and Codes of Conduct of GLSA. If I fail to fulfill these terms, I will be responsible for a prorated portion of the scholarship awarded.

This application will be kept confidential and will be processed by the GLSA Club Administrator upon approval from the GLSA Scholarship Committee.

GLSA is an equal opportunity club. It forbids discrimination on the basis of race, religion, sex, nationality, age and health needs.

Parent/Guardian Signature: _____ **Date:** _____