

Granbury Soccer Association Scholarship Request

Childs first and last name: _____

Date of Birth: _____

Address: _____

Parent &/or Guardian: _____

Home Phone: _____ Cell Phone: _____

Has child played soccer before? YES NO

If yes, are they on a current GSA team? YES NO

If yes, team name: _____

Does this child qualify for the Free Lunch Program? YES NO

If no, are you able to pay a portion of the registration fee? YES NO

If you feel at this time you cannot pay a portion of the fee, please give a brief understanding of your situation and why you feel this scholarship should apply to your child:

The GSA Board will review each case on an individual need basis. You will be notified of scholarship acceptance, either full or partial. All scholarships will be in exchange for a specific amount of volunteer hours. NO SCHOLARSHIP is available during LATE registration. Payments can be made during LATE reg.