

**All Applications Must Be Received by:**  
**March 15 – Spring Season**  
**July 15 – Fall Season**

**STAR SC Financial Aid Application (GOALS)**

Mail to  
STAR SC Scholarship Committee  
62 Hillsdale St  
Cincinnati, Ohio 45216

Or Email to GOALS@starsoccerclub.org

**BEFORE SUBMITTING READ THE STAR SC GOALS APPLICATION GUIDELINES AND  
FILL IN ALL OPEN SPOTS ON THE APPLICATION**

**PLAYER:**

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
STAR SC Team Name \_\_\_\_\_ Total Season Fees \_\_\_\_\_  
Coach/Manager's Name \_\_\_\_\_ Coach/Manager's Phone \_\_\_\_\_

**PARENTS:**

Parent/Guardian #1 Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ **Email** \_\_\_\_\_  
Marital Status (circle one)    Single    Married    Separated    Divorced    Widowed  
Parent #1 Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_  
Street Address (if different than above) \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_  
Parent #2 Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**List all living in the household (including other adults):**

Name _____	M/F	Age _____	Grade _____
Name _____	M/F	Age _____	Grade _____
Name _____	M/F	Age _____	Grade _____
Name _____	M/F	Age _____	Grade _____
Name _____	M/F	Age _____	Grade _____

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**Financial Information:**

**Average Monthly Living Expenses**

Rent/Mortgage	\$ _____
Utilities: (Electric/Water/Gas/Sewage - NO Cable or Internet)	\$ _____
Telephone	\$ _____
Auto Payment	\$ _____
Auto Insurance	\$ _____
Transportation Costs (fuel/maintenance)	\$ _____
Insurance (Health/Life)	\$ _____
Medical/Dental not covered by Insurance	\$ _____
Tuition or College Loans	\$ _____
Credit Cards/Loans (please list) _____	\$ _____
Child/Spousal support	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$ _____</b>

**Monthly Family Income**

Average Monthly Income <b>(please include a copy last year tax return)</b>	\$ _____
Total Household Net Income <b>(after taxes)</b>	\$ _____
Unemployment	\$ _____
Child/Spousal Support	\$ _____
Disability/Worker's Comp	\$ _____
Social Security	\$ _____
Pensions, etc.	\$ _____
Food Stamps	\$ _____
Other (tips/scholarships/etc.)	\$ _____
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>

**Financial Aid Requested:**

Amount Requested:	\$ _____
Amount You Can Pay:	\$ _____

How did you hear of our scholarship program? \_\_\_\_\_

Please list and document any special circumstances that contribute to your request for financial assistance (i.e. family illness/death, unemployment, etc.) Use additional sheets if necessary.

I declare that all information contained in this application is true and correct to the best of my knowledge and belief. I agree to inform STAR SC of any changes in my income, family size, or ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. If requested to do so, I can/will provide substantiation of all facts including current income. I have provided all required income documentation. I have read the STAR SC GOALS. program guidelines and understand there is no guarantee of fee assistance. I understand STAR SC, its officers, directors, coordinators, coaches, and volunteers make no promise or assurance of financial aid. I understand the financial aid amount is subject to funds available and the family's ability to pay.

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

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