

All Applications Must Be Received by:
March 15 – Spring Season
August 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 _____

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	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

Monthly Family Income

Average Monthly Income

(please include a copy last year tax return)

Total Household Net Income (after taxes)	\$ _____
Unemployment	\$ _____
Child/Spousal Support	\$ _____
Disability/Worker's Camp	\$ _____
Social Security	\$ _____
Pensions, etc.	\$ _____
Food Stamps	\$ _____
Other (tips/scholarships/etc.)	\$ _____
TOTAL MONTHLY INCOME:	\$ _____

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: _____