



# ***Gwinnett Soccer Academy***

## **2021 – 22 FINANCIAL ASSISTANCE INFORMATION**



The Gwinnett Soccer Academy (GSA) has developed a program that provides financial assistance to qualifying participants. This program maintains confidentiality while assisting players with annual dues. It does not cover the cost of uniforms nor tournament fees. Requests for financial assistance will be considered on a first-come, first-served basis. Please read below for rules and documents required. Please note there will be no alterations to the below process.

Each player will owe a minimum amount of \$250 for academy/select players and \$70 for recreation players per season. This fee is for registration charges to cover Georgia Soccer registration fees, field maintenance, light usage and other administration fees. Financial assistance awards may take the form of reduced fees or extended payment plans from those published.

Returning families will be notified of their financial assistance award at least one day before tryouts begin. New families to GSA will be notified of award shortly after tryouts. Financial assistance awards will be applied to your payment plan in equal amounts, reducing each monthly installment.

If the player awarded financial assistance leaves Gwinnett Soccer Academy, the assistance will be withdrawn and full monies will be due. The player will not be released from Gwinnett Soccer Academy until all fees are paid in full. The player and family must adhere to any and all player, parent, and family expectations will be clearly outlined during the registration/signing process. Failure to represent themselves or GSA in a positive manner, could result in a withdrawal of financial aid assistance.

All information you provide to us will be held in strict confidence.

**PLEASE RETURN YOUR FINANCIAL ASSISTANCE APPLICATION  
NO LATER THAN JUNE 4, 2021.**

Please submit copies of the following documents for consideration of financial assistance:

- Financial Assistance Application completed and signed.
- Copy of the first two pages of last year's 1040 income tax return.
- Copies of your last two employment pay stubs.

Financial Assistance applications (in sealed envelopes) can be turned in at the concession stand at both our Dacula and Lilburn locations. Applications can also be placed in mailboxes at the clubhouse at our Lilburn location.

You can also mail your application (must be received by May 29,2020) to GSA, P.O. Box 1055, Dacula, GA 30019.

**If you have any questions, please do not hesitate to contact:**

Lisa Holland at [lisa@gsasoccer.com](mailto:lisa@gsasoccer.com)



# Gwinnett Soccer Academy

## 2021 – 22 FINANCIAL ASSISTANCE INFORMATION



Player Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Has the player played for Gwinnett Soccer previously?  Yes  No If yes, how many years? \_\_\_\_\_

Do any siblings play for Gwinnett Soccer?  Yes  No If yes, name of player: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Choose one:

I am requesting additional flexibility with payment plans (extension)

I am requesting a discount in fees in the amount of \$ \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Length of Employment: \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Size: Adults \_\_\_\_\_ Children: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

List names, including last names (even if different than player) and ages of all people in the household:

1. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ 5. \_\_\_\_\_ Age: \_\_\_\_\_



# Gwinnett Soccer Academy

## 2021 – 22 FINANCIAL ASSISTANCE INFORMATION



3. _____	Age: _____	6. _____	Age: _____
----------	------------	----------	------------

Gwinnett Soccer Academy is organized in a way to encourage and teach young people in our community to play soccer at the very highest level of their abilities and at the highest level of competition. The ultimate goal is to help the player achieve the highest level of self-satisfaction by providing skills, discipline and confidence that will carry throughout life. Gwinnett Soccer Academy takes pride in the opportunity to provide financial assistance to players who would otherwise be unable to compete. As one of the top soccer clubs in the country, GSA is dedicated to the success of its teams and of its players at their personal level. Gwinnett Soccer Academy does not discriminate on the basis of national and ethnic origin or religion in the administration of athletic, education, scholarship and other programs.

Please itemize your monthly income and expenses

INCOME		EXPENSES	
Gross Monthly Income	\$	Rent/Mortgage	\$
Spouse's Gross Monthly Income	\$	Auto/Loan - Type of Car	\$
Unemployment Compensation	\$	Auto/Loan - Type of Car	\$
Social Security Compensation	\$	Auto/Loan - Type of Car	\$
Child Support	\$	Other Expenses (please explain)	
Aid to Dependant Children AFDC	\$		\$
Food Stamps	\$		\$
Alimony	\$		\$
Reduced/Free Lunch Program	\$		\$
Other	\$		\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

Please submit copies of the following documents along with your completed application.

1. Copy of the first two pages of last year's 1040 income tax return.
2. Copies of your last two employment pay stubs.

Please note: Your application may only be processed when all of the required forms have been completed and received.



# Gwinnett Soccer Academy

## 2021 – 22 FINANCIAL ASSISTANCE INFORMATION



Please write a paragraph stating the reason for your request for financial assistance:

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

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

RECEIVED BY GWINNETT SOCCER ADMINISTRATION OFFICE	
Date: _____	Notes: