



Return To:  
GCCSA Scholarship Committee  
Atten: Rhonda Keeley  
PO Box 3104  
Shelby, NC 28151

## 2011 – 2012 Season Cobra Team Scholarship Application

This document and all documents attached are confidential.

Please fill in the player's name and amount of assistance needed along with the attached application and information requested. Submit your request to:  
GCCSA, Scholarship Committee PO Box 3104, Shelby, NC 28151

1. Players Name: \_\_\_\_\_
2. Total Due to GCCSA: \_\_\_\_\_
3. Amount of Assistance requested: \_\_\_\_\_

To Be Completed By Scholarship Committee:

Date Application Received: \_\_\_\_\_

Date Reviewed By Committee: \_\_\_\_\_

Committee Decision: \_\_\_\_\_

Notice to Applicant Mailed: \_\_\_\_\_

**Greater Cleveland County Soccer Association Scholarship Application**

*This application and all documents are confidential. There is a limited amount of money available for scholarships and a committee will review all applications and award funds based on need.*

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

Applicants Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

With Whom Does the Applicant Live?  Both Parents  Mother  Father  Other

Number of Dependents in Home? \_\_\_\_\_

Mother Annual Salary: \$ \_\_\_\_\_

Father Annual Salary: \$ \_\_\_\_\_

Annual Child Support: \$ \_\_\_\_\_

Alimony (annual): \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_

Please list any special circumstances that contribute toward your need for financial assistance:

---

---

---

---

## Please Attach Following Documentation

- \_\_\_\_\_ Copy of last year's state and federal income tax forms including W-2's for all employed family members. Include all social security payments and payment for disability.
- \_\_\_\_\_ Copy of any court orders regarding financial responsibility for the players (ex. Divorce papers).
- \_\_\_\_\_ List of additional family financial obligations that will help the committee with their decision.

You are responsible for ensuring that all required forms have been included with your application. Incomplete applications will be rejected.

I certify that all materials supplied and statements made in connection with my submission of this application are true to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relation to Player

\_\_\_\_\_  
Date