



## Henry County Soccer Association Seasonal Scholarship Application

[www.hcsa.org](http://www.hcsa.org)

### **Seasonal Scholarship Request Form**

The Henry County Soccer Association (HCSA) is pleased to offer a financial aid program to soccer athletes who are in need of financial assistance in order to play soccer. One way to do this is a Seasonal Scholarship.

The Seasonal Scholarship is granted for registration cost ONLY (as well as mandatory AOE/Select camps). Uniforms, program fees, tournament fees and any other fees associated with the team are NOT included. Scholarships are limited and are offered by HCSA based on availability, need and desire to assist the organization in performing various duties and can be terminated at any time due to lack of participation. All requests will be reviewed by the Scholarship Committee and their determination is final. Following this review, the applicant will be notified regarding their eligibility.

All requests are strictly confidential. Information is for the sole purpose of helping HCSA determine eligibility and will not be shared with anyone except the Scholarship Committee and the Club Registrar. Any and all material provided for consideration toward Scholarships will be returned via certified mail upon request.

### **Due Dates**

- Completed applications for Recreation players are due by the last day of registration for the season applied.
- Completed applications for AOE and Select players are due one week before signing day.  
Exceptions will only be made for players **NEW** to HCSA.

### **Mail To**

Scholarship Committee @ HCSA  
P.O. Box 2788  
McDonough, GA. 30253

### **Please Note:**

Scholarships will only be considered for players that are in good standing with HCSA and GYSA.

Examples:      Player owes no fees to ANY Association or Team from the past.

                    Player is not currently suspended from any Association for any reason.

Scholarships are granted based on financial need only and is not based on playing ability.



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### Player Information

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

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

City, State, Zip, County \_\_\_\_\_

Player's Phone (if different than Parent): \_\_\_\_\_

### Parent's Information

Parent(s) / Guardian Name: \_\_\_\_\_

Parent's Address (if different than Player): \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other members in household: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Family Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children (18 & under or full time student)

### HOUSEHOLD INCOME/EXPENSE INFORMATION

ANNUAL GROSS	Applicant	Spouse
Salary / Wages	\$	\$
Child Support / Alimony	\$	\$
State/Fed. Aid	\$	\$
Other Income	\$	\$
<b>TOTAL INCOME</b>	\$	\$
Monthly Household Expense	\$	\$



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### Additional Information

Seasons played at HCSA \_\_\_\_\_ Last Age group and team \_\_\_\_\_

Other Children playing in HCSA \_\_\_\_\_ (Name and age)

\_\_\_\_\_ (Name and age)

\_\_\_\_\_ (Name and age)

Have you ever applied for a HCSA Scholarship in the past? (Circle) Yes / No

Have you ever received a HCSA Scholarship in the past? (Circle) Yes / No  
(If yes, please state the player's name, year(s), and team played on.)

\_\_\_\_\_  
Please provide below any additional information that you feel the committee should consider. This could include change in marital status, employment, substantial medical expenses or any extenuating circumstances.) Please note if included as an attachment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Required Documentation

The following information will need to be provided in order for this application to be considered.

- A copy of the front page of your most recent Federal Income tax form 1040 (showing AGI only) or proof of non filing. Be sure to white out any and all Social Security Numbers.  
(To receive proof of non-filing call 800-829-1040 - choose option 2 then 2 again)
- Copy of last two pay stubs received.
- Verification of Employment from your employer stating your current pay rate.
- Other assistance verification including child support, alimony, student loans and/or grants.



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## Scholarship Volunteerism Requirements

### Volunteerism Requirements

- 10 Hours Recreation Scholarship per Season (Fall or Spring)
- 24 Hours Academy Soccer per Seasonal Year (½ in Fall, ½ in Spring)
- 30 Hours Select Soccer U13 & U14 per Seasonal Year (½ in Fall, ½ in Spring)
- 15 Hours Select Soccer U15 & above per Seasonal Year (Fall only)

Contact me about working at HCSA in the following capacities:

- Coaching                       Referee                       Concessions  
 Field Lining                       Tournament Weekends                       Tournament Prep  
 Other (Describe Below)

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Parent or Guardian's Signature:

I have read and understand the above documentation. To the best of my understanding all information is correct and accurate. I understand that my child must participate in all practices, games and team functions unless previously arranged. I understand that my spouse, player or myself must be able to assist HCSA throughout the season to reach the volunteerism hour requirements to receive this Scholarship. If the volunteerism requirements are not met, the Scholarship can be revoked and all Fees are due for my child to participate.

I have read, understand and agree to the above terms:

\_\_\_\_\_ Parent

\_\_\_\_\_ Spouse

\_\_\_\_\_ Date

