



GULF COAST UNITED FUTBOL CLUB, INC.

Scholarship/Hardship Review Board

P.O. Box 391

Gulfport, MS 39502

2018-2019 HARDSHIP APPLICATION

(Incomplete forms will not be considered)

Gulf Coast United Futbol Club, Inc. is pleased to offer an assistance program for players of demonstrated ability who need financial assistance in order to participate. Please complete the following application, along with appropriate signatures, and provide any additional information or documentation that will aid the review board in determining eligibility. All families that are awarded financial aid will be required to work at our club tournaments.

Player's Name _____ Team/Age Group _____

Birthdate _____

Father's Name/Guardian _____ E-mail _____

Address _____

City _____ STATE _____ Zip _____

Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name/Guardian _____ E-mail _____

Employer _____

Address _____

(if different than father's)

City _____ STATE _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

CONFIDENTIAL



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How much assistance towards GCUFC training fees are you requesting? _____
(Assistance is available only for Training fees. Registration fees must be paid prior to being rostered)

Please state your reason(s) for requesting financial aid _____

List Each Family Member and Their Income from all Sources (Include Work, Alimony, Child Support, Social Security, Public Assistance etc.)

I agree that if the player is granted financial assistance to pay any portion of their training fees, I will provide a minimum of four hours volunteer labor at either the Club’s fall tournament or spring tournament for the upcoming soccer season (7/1/18-6/30/19).

(Parent/Guardian Signature) _____
Date