



Thomas Area Soccer Association

Post Office Box 662
Thomasville, GA 31799
www.tasasoccer.com
tasa@tasasoccer.com

Affiliated with US Club Soccer and Georgia Soccer

TASA Player Request for Financial Assistance

TASA provides a limited number of need-based scholarships for committed players who otherwise would be unable to participate in our programs. Scholarships will be awarded to the extent that funds are available. All information will remain confidential. TASA asks individuals who request financial assistance to join us in being careful stewards of our limited financial resources.

Recipient Selections:

The Scholarship Review Board (SRB) will review all requests and applicants will be informed of a final decision before the spring or fall season starts. Partial and full scholarship recipients are selected on the basis of financial need. Requests received after tryout/registrations may be declined if all available scholarships have already been awarded.

Applicant Responsibility:

Parents and recipients of scholarships are requested to provide assistance as volunteers at tournaments and other fund raising events. Applicants may be asked for voluntary proof of income (recent pay stub, W2 for each adult in the household or income tax return). Players who receive scholarships are expected to complete the season with their team, and may become liable for repayment of scholarship amounts and/or denial of future scholarships if they do not complete the season.

Fee Structure:

Academy (fees due each fall and spring)

Season Fee: \$150; Uniform Fee: \$65

Select Teams (fees due each fall and spring)

Season Fee: \$300, Uniform \$65

Team Fees: Additional fees are assessed by each team to cover the cost of tournaments. These amounts cannot be finalized until the season is underway.

Instructions:

Applicants/parents should complete this form, have it signed by a team official (coach, Director of Coaching, or manager), and turn it in to the registrar at registration/ tryouts. The form may also be mailed to: TASA Scholarship Review Board, P.O. Box 662, Thomasville, GA 31799. The Scholarship Review Board will evaluate and prioritize the scholarship requests. After completion of the evaluation process, the SRB will notify each applicant as to the amount of scholarship available. All decisions by the SRB are final, so any special circumstances must be disclosed on the Request.

TASA FINANCIAL ASSISTANCE REQUEST

Date: _____

Season/Year: _____

_____ Home Phone _____
Parent or Guardian Name

Cell Number(s) _____

Address: _____
(Street) (City) (State) (Zip code)

Player Name: _____ Age Division/Team _____

Family Gross Income on Federal Tax Return: 0-15,000 15,000-20,000 20,000-25,000
 Over 25,000 _____ *Write amount if over 25,000*

Number in household _____ (Parents and children 18 and under)

Indicate Amounts:
 Player is expected to contribute a minimum amount.
 Scholarshipped uniforms must be returned to TASA.

	Amount Requested	Amount I will pay
Season Fee (Academy- \$150 or Select-\$300)		
Uniform Fee: \$65		
Team Fees (determined by team events)		
TOTAL		

PERSONAL STATEMENT:

In the space below, please write a short statement about why you are seeking financial support from TASA.

_____ I will participate in the Rose City Tournament or other fundraising activities.

By signing I hereby declare that the information I have provided is truthful and accurate, and agree to provide a copy of my most recent tax returns if requested.

 Parent or Guardian Signature

 Date

 Coach/Team Manager Signature

 Date

For SRB use only

SRB Evaluation: Partial _____, **Full** _____, **None** _____

Scholarship: Season Fee \$ _____ **Uniform \$** _____ **Team Fee \$** _____ **Total \$** _____

SRB evaluation date: _____