Request for Scholarship

Name: _____ DOB: _____

Team: _____ Coach: _____

Email:_____ Phone: _____

City/Address: _____

Request Submitted By: _____

Amount Requested: ____Full ____Half ____Quarter ____Other(specify)

Uniform Requested: ____Yes ____No (Travel sets are $115, Inhouse $20)

Can the family volunteer some time for this scholarship: ____Yes ____No

Reason For Request:

_____

_____

_____

_____

_____

_____

_____

This form must be submitted to the registrar prior to the start of the season. It can be emailed to: registrar@goldenislesoccer.com or mailed to the address shown below.

Official use only:

___ Denied ____Approved ____Amount Club Official: _____

Golden Isles Soccer Association.
P.O. Box 21752, St. Simons Island, GA, 31522. 912-634-8880