

STAR Rush GOALS Application

All applications must be received by: July 31 – Fall Season / January 31 – Spring Season
Please email completed application to GOALS@starsoccerclub.org

Player's Name _____ Date of Birth _____

STAR Rush Team Name _____ Coach's Name _____

Primary Guardian #1

Name _____

Mailing Address _____

Street Address _____

Phone (Home) _____ Email _____

Marital Status (circle one) Single Married Separated Divorced Widowed

Parent/Guardian #2

Name _____

Mailing Address _____

Street Address _____

Phone (Home) _____ Email _____

List all living in the household (including other adults):

Name _____ M/F Age _____ Grade _____

Name _____ M/F Age _____ Grade _____

Name _____ M/F Age _____ Grade _____

Name _____ M/F Age _____ Grade _____

Name _____ M/F Age _____ Grade _____

Special circumstances that contribute to your request for financial assistance.

Financial Information:

Average Monthly Living Expenses

Rent/Mortgage	\$
Utilities: (Electric/Water/Gas/Sewage - NO Cable or Internet)	\$
Telephone	\$
Auto Payment	\$
Auto Insurance	\$
Transportation Costs (fuel/maintenance)	\$
Insurance (Health/Life)	\$
Medical/Dental not covered by Insurance	\$
Tuition or College Loans	\$
Credit Cards/Loans	\$
Child/Spousal support	\$
Other	\$
TOTAL MONTHLY EXPENSES	\$

Average Monthly Income

Household Net Income (after taxes)	\$
Unemployment	\$
Child/Spousal Support	\$
Disability/Worker's Comp	\$
Social Security	\$
Pensions, etc.	\$
Food Stamps	\$
Other (tips/scholarships/etc.)	\$
TOTAL MONTHLY INCOME	\$

Financial Aid - GOALS awards are normally applied to the club fee first, with the expectation of assisting with the team fee in extreme situations for families.

Total fees vary by age group and team, and in addition there is a mandatory uniform purchase that your family will be responsible for making as soon as your spot has been accepted. The **Club Fee** is a set fee amount based on age group – full year club fees range from \$350 to \$380 per player per calendar year, and \$275 for spring only high school players. The **Team Fee** is specific to each team, and can range from \$300 to \$600 per season or more based on level of play and number of players per team.

Total amount you can afford to pay this year: \$ _____ Check for installment payments:

I declare that all information contained in this application is true and correct to the best of my knowledge and belief. I agree to inform STAR Rush of any changes in my income, family size, or ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. If requested to do so, I can/will provide substantiation of all facts including current income. I have provided all required income documentation. I have reviewed the program guidelines and understand there is no guarantee of fee assistance. I understand STAR Rush, its officers, directors, coordinators, coaches, and volunteers make no promise or assurance of financial aid. I understand the financial aid amount is subject to funds available and the family's ability to pay.

Signature: _____ Date: _____