



ROB BALLOON SCHOLARSHIP APPLICATION

Date

Team (i.e., U10) Boys or Girls

Player Name Parent/Guardian (1)

Address Parent/Guardian (2)

Monthly Gross Income – Parent (1)

Home Phone Income For Prior 90-Day Period (1)

Cell Phone Monthly Gross Income – Parent (2)

Email Address Income For Prior 90-Day Period (2)

Do You Own Or Rent? Monthly Housing Expense

Age Of Other Family Members Monthly Utility Expense

Are You Receiving Free Or Reduced Lunch For Your Child? Yes or No

School Attending GPA Of Student(Require 2.5 Or Higher)

List Any Advanced Classes That You Are Taking

Please note that if approved the scholarship request is only for GSA club dues. You will still be responsible for team fees and uniforms.

Please mail application to:

**Rob Balloon Scholarship
10614 SW 52nd Avenue
Gainesville, FL 32606**

Parent/Guardian

Parent/Guardian

Player Name

Please answer the two questions below in the space provided.

- 1) Why are you a good candidate to receive this award?
- 2) From a financial standpoint, what impact would this scholarship have on you playing soccer?
- 3) Please provide a minimum of two character references (**please mail to the address listed above**)

Applicants will be notified of status in a timely manner.

If you have any questions in regards to completion of the application, please contact Mendy Willis at 222-8585