

Kiel Soccer Club Financial Aid Application

Please complete the requested information, and mail the form to the address below.
Incomplete applications will not be able to be processed.

Deadlines:

Applicant information:

Name of Player: _____

Name of Parent: _____

Address: _____ City: _____ State: _____

Telephone: _____ Cell Phone: _____ Email: _____

Players Date of Birth: _____

Player History:

Number of years played: _____ Competitive _____ Recreational

Other sports currently being played by applicant: _____

Financial Information:

Annual Household Income: \$_____ Please attach W2 or prior year tax return and last 3 pay stubs.

Number of family members currently playing in KSC: _____

Number of wage earners in the home: _____

Number of persons living in household: _____

Do you qualify for Food Stamps? Yes No

Is the player on assisted school lunch program? Yes No

Please briefly describe why financial aid is being requested including special circumstances.

I understand that by applying for financial aid does not automatically grant me financial aid. I certify that the above information is correct and true to the best of my knowledge. I further understand that this information is being provided for consideration of financial aid; that the Kiel Soccer Club may request verification of this information; and that deliberately providing inaccurate information may result in the forfeiture of the financial aid but I also understand that will not release my financial liability to the club/team.

Signature: _____

Mail to:
Kiel Soccer Club
PO Box 273
Kiel, WI 53042