FOR OFFICE USE ONLY	
Gross yearly income	
Total household members_	F.A. Approval %
Date approved	Approved by
Applicant Contact Date	



Soccer Kids America

Financial Aid Application

Financial Aid is provided to participants who have demonstrated a substantial financial need. Financial Aid is determined on a case by case basis and is given according to the documentation received and will be allocated on a percentage basis along with the availability of funding.

This is an application for:	□ futsal league	□soccer can	np □soccer class	
Name of Parent/Guardian Requestin	g Financial Aid:			
Home address:				
Home phone:	Work phone:		Cell phone:	
Parent/Guardian email address:				
List all persons living in the household Parent/Adult #1 Position/Title	E	Employer	mber you are requesting assistance for uber	
Parent/Adult #2 Position/Title		EmployerEmployer phone number		
Child Custody Status ☐Sole Custod	ly □Joint Custody	□Foster Parent	□I do not have custody	
List all children/dependents Child Child Child Child Child Child Child		Date of Birth Date of Birth Date of Birth Date of Birth Date of Birth		
☐ Other dependents		Date of Birth		

Household Monthly Income —Please fill in the boxes with all of the financial resources you and/or your family receive on a monthly basis. Documentation must be attached to qualify for financial aid. If you have any questions please contact the Program Director. All information is kept strictly confidential.

	Adult #1	Adult #2	Children	Household Monthly Income Total
Total Gross Wages				
Child Support				
Aid to Dependent Children (ADC)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly value of food stamps				
HUD (Section 8)				
Other assistance (child care subsidy				
Federal/state aid, medical aid, etc.)				
Total Monthly Income				
Total Annual Income (Monthly Income x 12)				

	Household Monthly
	Expense Total
Rent/Mortgage	
Groceries	
Phone	
Utilities	
Car payment	
Medical	
Other	
Total Monthly	
Expense	
Total Annual	
Expense	

Documentation Needed:

- 1040 tax return
- 2 current pay stubs
- Disability document
- Supplemental security income (SSI) document

How much can	you pay for:
Futsal League	
Soccer Camp	
Soccer Class	

Additional Information- indicate any other information or extenuating circumstances in regards to why you are requesting financial aid:

I certify this information is true and accurate and that I do not have additional income not represented above. I agree if necessary to send additional information and documentation to support the above statements. I understand financial assistance is based on need and availability of funding. I understand that if I falsify any of the above information I will not be eligible for assistance.

Signati	ure of person c	ompleting this forn	n	Date
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