

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 camp soccer class

Name of Parent/Guardian Requesting Financial Aid: _____

Home address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Parent/Guardian email address: _____

List all persons living in the household, place a check mark for each family member you are requesting assistance for

Parent/Adult #1 _____ Employer _____

Position/Title _____ Employer phone number _____

Parent/Adult #2 _____ Employer _____

Position/Title _____ Employer phone number _____

Child Custody Status Sole Custody Joint Custody Foster Parent I do not have custody

List all children/dependents

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Other dependents _____ Date of Birth _____

