



North Kitsap Soccer Club Application for Financial Assistance

Season
___ Spring
___ Fall
___ Competitive

Program description: North Kitsap Soccer Club (NKSC) is a non-profit youth soccer organization that offers a Financial Assistance program for youth participants who are in need of financial aid in order to participate in NKSC programs. Each request for aid is considered on a per season basis and applies to registration fees only. Participants are required to purchase their own required jerseys, shin guards, cleats, and other required equipment. The amount of aid and number of family members/players receiving aid is dependent upon available funding and is not guaranteed from year to year.

Confidentiality: All gathered information is for the express and sole purpose of assisting the NKSC Scholarship Committee in the determination of financial assistance. Financial Aid requests are strictly confidential. **Incomplete forms will not be considered.**

Please refer to the NKSC Financial Guidelines form, complete the application below and attach all required documentation.

Application for Financial Assistance

Parent/Guardian Information

Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Phone: (____) _____ Email: _____
Employer: _____ Employer Phone: (____) _____
Household Size: Number of Adults _____ Number of Children (Under 18) _____

Participant Information

1) Participant Name: _____ Gender: _____ Date of Birth: ____/____/____
School (Fall of Club Year): _____ Grade: _____
Special Needs: _____
Age Group: U- _____ Team/Player/Coach Request: _____

2) Participant Name: _____ Gender: _____ Date of Birth: ____/____/____
School (Fall of Club Year): _____ Grade: _____
Special Needs: _____
Age Group: U- _____ Team/Player/Coach Request: _____

Have any of the participant(s) above ever received financial assistance from NKSC Yes [] No []
If yes, please list amount(s) and season(s): _____

Reason for Requesting Aid:

| |
|--|
| |
| |
| |
| |

Signature: _____

Financial Aid Requested:

Total Cost of Registration Fees \$ _____
Amount You Can Pay \$ _____
Total Financial Aid Requested \$ _____
I'm willing to volunteer? Yes [] No []

Date: ____/____/____

I certify that to the best of my knowledge that the above information is true and accurate.

Printed Name: _____