



Milwaukee Kickers Soccer Club Scholarship Application

Name of Player _____

Date of Birth _____

Parent/Guardian _____

Parent/Guardian _____

Address _____

City _____

State _____

Home Phone _____ Work Phone _____

My child receives:

FREE* or

REDUCED Lunch at his/her school**

FINANCIAL HARDSHIP***

***If your child receives FREE lunch, the registration fee is \$30. A letter from your school stating you are on the free lunch program must be provided.**

****If your child receives REDUCED lunch, the registration fee required is 50% of the base registration fee. A letter from your school stating you are on the reduced lunch program must be provided.**

*****If your child is not on the free or reduced lunch program at their school and you are seeking a scholarship based on a short-term or extenuating financial hardship circumstance, please attach a written statement explaining the nature of the hardship along with 50% of the base registration fee.**

ALL fees must be attached to this form at the time of registration (see registration form for fee information).

You must submit this scholarship application with supporting documents, the appropriate registration fee, and the paper registration form to the Milwaukee Kickers Soccer Club, 7101 W. Good Hope Road, Milwaukee, WI 53223, attn: Membership.

I hereby certify the above information is true.

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR OFFICE USE ONLY

Region _____

Check Number/Cash _____

Age Verification _____

Team Name _____

Amount of Scholarship _____

Full/Partial _____

Information verified by _____ Date _____

Approved _____ Date _____