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# SCHOLARSHIP APPLICATION

**This form must be accompanied by proof of income, or proof of enrollment in the free/reduced lunch program at your school.**

**Step #1: Are you eligible for the free or reduced lunch program at your school? Circle which applies:**

My children receive reduced school lunches      **Yes**    **No**  
 My children receive free school lunches         **Yes**    **No**

**1. How many people live in your household?**

Adults \_\_\_\_\_ Children \_\_\_\_\_

**2. Please list the children in your family, and identify those who are interested in participating with KIDSPORTS this school year.**

Child's Name	DOB	M or F	Grade	School	Participating in KIDSPORTS? (Please Circle Yes or No)
_____	_____	_____	_____	_____	<b>Y</b> <b>N</b>
_____	_____	_____	_____	_____	<b>Y</b> <b>N</b>
_____	_____	_____	_____	_____	<b>Y</b> <b>N</b>
_____	_____	_____	_____	_____	<b>Y</b> <b>N</b>

**\*\*If you qualify for the free/reduced lunch program, and can provide proof of such, you are not required to complete Step #2.**

**Step #2: Please list members of your household who contribute to the household income.**

Name	Home Phone	Employer	Employer's Phone	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Monthly  
Gross Income**

\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

**Please record amounts of total monthly gross income of the household**

School Financial Aid/Award Letter  
 Unemployment  
 Food Stamp Amount  
 Child Support  
 Other type of verifiable income (AFS)

**Total from all amounts in shaded box**

I certify that I have read and understood the information on the back of this form, and that the information submitted is complete and accurate to the best of my knowledge. I authorize KIDSPORTS to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date

**Your child is not registered or eligible for practice until we receive payment. Proof of income OR the award letter for free or reduced school lunches must be provided.**

Proof of income may be three months of pay stubs with year to date figures, or a tax statement. The award letter can be obtained from your child's school, or the school district office. In most cases, they will fax it directly to us. Please call two days after all paperwork is submitted for the remaining amount due. Payment is due on or before the registration deadline.

**Your child is not registered until we receive payment. As a result he or she will not appear on the roster, or be eligible to participate in the program until the fees are paid.**

If we do not receive payment by the registration deadline, there is no guarantee that we can hold a place on a team for your child. Scholarships are **NOT** available for out-of-district players and high school players. Scholarships awarded are good for all sports for one school year. Scholarships for Klassic soccer are awarded as a percentage off of KIDSPORTS average figured cost per child, and does not vary dependent on the individual cost of your team.