

## Milwaukee Kickers Soccer Club Member Financial Aid Application

Name of Player ————				_
Date of Birth —	———— Ethnic B	sackground		_
Parent/Guardian				_
Parent/Guardian				_
Address				
City				
State				
Home Phone	Work Phone			
**Each applicant must includ	le his/her family's most r	ecent 1040 Federal T	Γax Return.	
attached to the Financial Aid of their base registration feed Payment must accompany the (Payment plans available. Co **If financial aid is approved, Uihlein Soccer Park events way reflect on their financial	s and the remainder will he financial aid application ontact MSKC for additional parents or guardians are within the same soccer years.	be covered by MKsc on, registration form al information) e required to comple	and the 1040 Federa	al Tax Return.
**Financial Aid will be award	•	erved basis.		
**Up to \$250 will be paid tow	ard select fee financial ai	d. The remainder of	select fees must be	covered by the
You must submit this financial	aid application with suppor	ting documents and th	he paper registration	form to the Milwaukee
Kickers Soccer Club, 7101 W.	Good Hope Road, Milwauk	kee, WI 53223, attn:	Membership Service	s Director I hereby
certify the above information is	true.			
SIGNATURE OF PARENT/GU	ARDIAN	DATE		