



KENDALL SOCCER COALITION - APPLICATION FOR FINANCIAL ASSISTANCE

Submit ONE form for each player. Families requesting assistance for more than one player should submit an application for each player and one set of verification forms.

Applications MUST be received by August 1, 2009 to be considered.

Mail requests to: Kendall SC, P.O. Box 832696, Miami, FL. 33283 or return this application with documentation in a sealed envelope to your team manager or Marcela Peralta Ramos. Failure to provide income documentation may result in a reduced financial aid award.

Name of Member: _____ Age Group: _____

Parent Name: _____

Phone #: _____
(home) (cell) (work)

Does your family receive or qualify for any of the following govt. or school aid programs (check box)? **Attach copies of documentation (for example – tax forms) to demonstrate need.**

- Free or reduced school lunch Food stamps Unemployment benefits
- Earned Income Tax Credit Social Security income College need-based financial aid
- Aid for dependent children Medicaid Foster care dependant

Expected household income per year - must be provided. Please submit a copy of your family's 2008 income tax return or current pay stubs: \$ _____

Number of family members living in household - must be provided: _____

Explain any additional circumstances which would help us review the need for financial assistance including other anticipated hardships (attach a separate page if needed):

I certify that the above information is true and correct and that all family income is reported. I have attached all documentation and I give permission to have my financial information verified by Kendall SC in support of this application.

Signature of parent/legal guardian

Date