

Milwaukee Kickers Soccer Club Member Financial Aid Application

Name of Player		
Date of Birth —	Ethnic Background	
Parent/Guardian ————————————————————————————————————		
Parent/Guardian		
Address		
City	_	
State		
Home Phone	Work Phone	
**Each applicant must include his/her family's most recent 1040 Federal Tax Return.		
**If an applicant's adjusted gross income falls below or at the 200 percentiles of the 2023 Federal Register, the applicant will pay \$40 towards their base registration fee and the remainder of Milwaukee Kickers fees will be covered by MKsc. Regional fees will be at the discretion of the Region. If a family has encountered extenuating financial hardship circumstances, a letter explaining these circumstances must be attached to the Financial Aid application. If the family is approved under these circumstances they must pay 50% of their base registration fees and the remainder will be covered by MKsc. DO NOT include payment with the financial aid application, registration form and the 1040 Federal Tax Return. Payment will be made once approved and completed in your PlayMetrics account (Payment plans available. Contact MSKC for additional information)		
**Financial Aid will be awarded on a first of	come, first served basis.	
**Milwaukee Kickers will pay the base reg the Region. The remainder of select fees i	istration Kickers fee for select. Any Regional fee is at the discretion of must be covered by the family.	
You must submit this financial aid application	with supporting documents and the paper registration form to the Milwaukee	
Kickers Soccer Club, 7101 W. Good Hope Rethe above information is true.	oad, Milwaukee, WI 53223, attn: Director of Club Operations I hereby certify	
SIGNATURE OF PARENT/GUARDIAN	DATE	