

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 fa	mily's most recent 1040 Federal Tax Return.
applicant will pay \$40 towards their base covered by MKsc. Regional fees will be financial hardship circumstances, a letter	e falls below or at the 200 percentiles of the 2023 Federal Register, the e registration fee and the remainder of Milwaukee Kickers fees will be at the discretion of the Region. If a family has encountered extenuating er explaining these circumstances must be attached to the Financial Aid ader these circumstances they must pay 50% of their base registration by MKsc.
Payment must accompany the financial (Payment plans available. Contact MSKC	aid application, registration form and the 1040 Federal Tax Return. C for additional information)
	guardians are required to complete eight (8) hours of volunteer service at ame soccer year. If parents or guardians fail to complete these hours, it re years.
**Financial Aid will be awarded on a first	t come, first served basis.
**Milwaukee Kickers will pay the base re the Region. The remainder of select fees	egistration Kickers fee for select. Any Regional fee is at the discretion of s must be covered by the family.
You must submit this financial aid application	on with supporting documents and the paper registration form to the Milwaukee
Kickers Soccer Club, 7101 W. Good Hope	Road, Milwaukee, WI 53223, attn: Director of Club Operations I hereby certify
the above information is true.	
SIGNATURE OF PARENT/GUARDIAN	DATE