



Klein Soccer Club
P.O. Box 11973 • Spring, Tx 77391
Phone: (281) 320-2211
www.kleinsoccerclubtexas.org

Scholarship/Financial Aid Application Form

Must Be Printed or Typed

Applicants Name: _____

Player's Name: _____

Player's Name: _____

Player's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Any other dependent children: YES NO If yes, how many:

Child Season that Applies: Spring Season Fall Season

How long has your family been involved with Klein Soccer Club?

Please list any financial concerns that can be taken into consideration regarding this application:

Have you received financial support from this club in the past?

YES NO If yes, when and how much?

Are you able to pay \$25.00 per child for supplemental insurance required by STYSA? Please Explain.

Name of Father: _____

Date _____

Address: _____

Telephone Number: _____

Employer: _____

Annual Income: _____

Marital of Mother: _____

Address: _____

Telephone Number: _____

Employer: _____

Annual Income: _____

You **Must enclose a copy of last year's income tax statement, 1099 (s), W-2(s) and your most current Pay stub.**

Please explain why you are submitting an application for financial assistance:

How much financial assistance are you requesting?

I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.

Parent(s) Signature

Date: _____

All information submitted and any scholarship granted will be kept strictly confidential by Klein Soccer Club Board of Trustees. Any false statements in this application may result in disqualification of future consideration for financial assistance with Klein Soccer Club.

Please submit this form by mail to or take to Klein Soccer Club Office in Meyer Park.

Office Use ONLY

Amount of Scholarship Awarded: \$ _____ **Date Rewarded:** _____

Reason Denied: