



OFFICE USE ONLY - DATE ACCEPTED:

Klein Soccer Club
P.O. Box 11973 • Spring, TX 77391
Phone: (281) 320-2211
www.kleinsoccer.com

For any questions, email: info@kleinsoccer.com

SCHOLARSHIP/FINANCIAL AID APPLICATION FORM

- **Must Be Clearly Printed or Typed. You cannot combine this scholarship opportunity with Every Kid Sports Pass Program, and/or any other financial aid program.**
- **Please make sure all of your information is correct. You will be notified by phone and/or email with details concerning your scholarship/financial aid within 3-5 business days after general registration closes.**
- **The deadline to submit a complete application is one week before general registration closes. See website for details.**
- **NO LATE APPLICATIONS ARE ACCEPTED.**

Parent(s) / Guardian(s) Name: _____ Today's Date: _____

Player's First and Last Name: _____ Birthday (Month/Day/Year): _____ Gender: _____

Player's First and Last Name: _____ Birthday (Month/Day/Year): _____ Gender: _____

Player's First and Last Name: _____ Birthday (Month/Day/Year): _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Any other dependent children - circle one: YES OR NO If yes, how many: _____

Circle Season that you are applying for: Fall Season OR Spring Season

How many seasons has your family been involved with Klein Soccer Club (if applicable)? _____

Have you received financial support from this club in any previous season? Circle YES OR NO.

YES OR NO If yes, which season(s) and how much? _____

Have you received financial support from Every Kids Sports Pass Program in any previous season? Circle YES OR NO.

YES OR NO If yes, which season(s) and how much? _____

Please list any team requests (including, a specific friend or coach). Please leave blank if it does not apply.

First and Last Name of Father/Guardian: _____

Home Address: _____

Telephone Number: _____ Email: _____

Current Employer: _____

Annual Income: _____

First and Last Name of Mother/Guardian: _____

Home Address: _____

Telephone Number: _____ Email: _____

Current Employer: _____

Annual Income: _____

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

How much financial assistance are you requesting?

You are responsible to pay the uniform cost per child (\$66 - plus tax - with free shipping). Uniform kits include a reversible jersey, shorts, and socks. The uniform is used for Fall 2026 and Spring 2027, and it is purchased online: <https://achallenge.com/clubs/klein-soccer-club/>.

You **MUST** enclose a copy of **ALL** of the following: last year's income tax statement ☐, 1099 (s) ☐, W-2(s) ☐ and your most current Pay stub ☐. Please check the boxes to indicate they are included.

ALL Documents must be checked and submitted for your application to be considered.

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)/Guardian(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 and supporting documents by mail to Klein Soccer Club - Attention Amy Ortmann (P.O. Box 11973 / Spring, TX / 77391) / email to info@kleinsoccer.com / OR take the application to the Klein Soccer Club Office in person during scheduled office hours. The office is the blue building on the North Side of the park between Fields 1 and 5.

THANKS FOR SUBMITTING YOUR APPLICATION!

You will be notified by phone and email with details concerning your scholarship/financial aid within 3-5 business days after general registration closes. Please see the website for details.

Office Use ONLY

Player Name: _____ Player Age Group: _____

Amount of Scholarship Awarded (if applicable): _____ Uniform Allowance: YES OR NO

Date Rewarded: _____ Date Contacted: _____

Reason Denied (if applicable): _____

Additional Notes: _____