

Financial Assistance Application Form

Revised 04/02/19

A 50% reduced registration fee is available for all Kearney Soccer Club program registrations from lower income families. If you are currently eligible for public assistance and/or meet income guidelines, you may apply for this reduced fee. The reduced fee is only for immediate family members. You will be required to show proof of income and social service identification by submitting the following: pay stubs, copy of first page of previous year tax return, child support payments stubs, copy of Medicaid card and/or copy of food stamp benefits.

INCOME ELIGIBLITY GUIDELINES*

If your household income is at or below the level shown on this scale, your family is eligible for financial assistance. This includes income from wages, child support and/or other benefits.

HOUSEHOLD SIZE	MONTHLY INCOME	ANNUAL INCOME
1	\$1365	\$16380
2	\$1838	\$22056
3	\$2310	\$27720
4	\$2783	\$33396
5	\$3255	\$39060
6	\$3728	\$44736
7	\$4200	\$50400
8	\$4673	\$56076
For each additional member add	+\$472	+\$5664

^{*}The Income Guidelines are a combination of the State of Nebraska, Health and Human Services Food Stamp Program and the Kearney Public Schools Reduced Price Meal program.

APPLICANT INFORMATION					
Name:		Phone:			
Address:					
City/State/Zip:					
Monthly Income:			# in Household:		
Signature			Date		
Mail or email completed	d form:				
	_				

PO Box 904 Kearney, NE 68848 www.kearneysoccer.org For internal use only:

Date Received by Registrar: _____ Registrar Signature: _____

President Signature: _____



Financial Assistance – Player Registration Form

Provided that you meet the income requirements, each child will be eligible for a 50% reduction of the registration fee. Please provide the following information in order to register your player(s):

PLAYER INF	ORMATION				
Childs Name:	Date of Birth: Gender:				
Program: ☐ Micro ☐ Developmental ☐ Compe	titive □ Select □ TOPS				
Shirt Size: ☐ Youth ☐ Adult S M L XL (Circle	One)				
Childs Name:	Date of Birth: Gender:				
Program: ☐ Micro ☐ Developmental ☐ Compe	titive □ Select □ TOPS				
Shirt Size: ☐ Youth ☐ Adult S M L XL (Circle One)					
Childs Name:	Date of Birth: Gender:				
Program: ☐ Micro ☐ Developmental ☐ Compe	titive □ Select □ TOPS				
Shirt Size: ☐ Youth ☐ Adult S M L XL (Circle	One)				
PARENT/GUARDIAN INFORMATION					
1 st Parent/Guardian Name:	Date of Birth:				
Address:	,				
City/State/Zip Code:					
ome Phone: Cell Phone:					
Email:					
Do you check your email regularly? ☐ Yes ☐ N	0				
NOTE: Most correspondence from KSC is sent via email. It is 2 nd Parent/Guardian Name:	is important that you check your email account often. Date of Birth:				
	Date of Birth.				
Address (if different from above): City/State/Zip Code:					
Home Phone:	Cell Phone:				
Email:					
Do you check your email regularly? ☐ Yes ☐ N	0				
NOTE: Most correspondence from KSC is sent via email. It					
VOLUNTEER OF	PPORTUNITIES				
Would you be interested in volunteering for KSC?] Yes □ No				
If so, what are your areas of interest? □ Coach □ Assistant Coach □ Other					
Note: Volunteers for KSC may be eligible for reimbursement for some or all of their registration fee. Please contact the Registrar for more details.					

PO Box 904 Kearney, NE 68848 www.kearneysoccer.org