



KEY BISCAINE SOCCER CLUB FINANCIAL AID APPLICATION

The Village of Key Biscayne offers a limited amount of Financial Aid for Youth Soccer programs based on demonstrated need. The KB Soccer Financial Committee reviews and approves all applications. All application information is kept 100% confidential.

We encourage applicants to make a copy of your completed application and supporting documentation for your records and to assist you in submitting future applications.

If your application is not approved, please consider the monthly payment plan which is offered to all parents who register a child in the Key Biscayne Soccer Club.

Financial Aid will be offered first to KB island residents. If the balance of funds for Financial Aid have not been exhausted, we will consider Financial Aid applications from KB Non-residents, provided the respective request to award Financial Aid is critical in completing a Competitive travel team roster. KB Soccer shall have sole discretion on the awarding of Financial Aid.

You will be notified by the close or during the first month of Registration if your application has been approved.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend a minimum of 80% of scheduled practices and games.
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered.
3. Applicant must submit copy of student's last report card.
4. Applicant must submit previous year's tax return with application.
5. All applications are due 3 weeks prior to the start of the soccer season. Incomplete or late applications will not be considered.
6. Applicants **MUST** pre-register their child. Payment will not be required at this time.

FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN MEETING ONE OR MORE OF THE CRITERIA BELOW:

1. Member of a multi-child family and/or Living in a single parent home.
2. Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (Must provide written documentation of participation in these programs to receive priority status)
3. Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives. (Must provide to receive priority status)
4. Special consideration will be given to those applicants that indicate that they are willing to serve as a volunteer on their application.

Ref. No. _____

FINANCIAL AID APPLICATION FORM

This form must be completed before you can be considered for financial assistance for the Key Biscayne Soccer Club Program. One application per child.

PART A: PARENT/GUARDIAN PERSONAL INFORMATION

Full Name: _____
Last First Middle

Citizenship: _____

Male: ☐ Female: ☐

Date of Birth: _____

Marital Status (*CHECK ONE*)

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Mailing Address: _____

E-mail Address: _____

Employer Name: _____

Employer Address: _____

PART B: ATHLETES INFORMATION

Soccer Program: _____ SEASON _____

Athlete's Name: _____ Age: _____ Birthdate: _____

Street/City/Zip _____

School Athlete Attends: _____ Grade: _____

Home Room Teacher's Name: _____ School Phone #: _____

Athlete lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Amount of scholarship requested: Full \$ _____ Partial \$ _____

Has the athlete ever received Village of Key Biscayne Financial Aid? ☐ Yes ☐ No

If Yes, Year _____ Sport _____

PART C: INFORMATION ABOUT FINANCIAL STATUS

Note: Financial Aid is limited, and on average the grants pays for about 25%-50% of the registration fee.

GROSS FAMILY INCOME IN THE LAST 12 MONTHS

	SELF	SPOUSE	FATHER	MOTHER	SPONSOR/ GUARDIAN	TOTAL US\$
GROSS INCOME FROM EMPLOYMENT (SALARY OR PENSION) ATTACH PAY SLIP						
INCOME FROM BUSINESS RENT/HOTEL						
INCOME FROM OTHER INVESTMENT SOURCES, SHARES, DIVIDEND INTEREST						
OTHER INCOME (ALIMONY, PALIMONY, ETC.)						
TOTAL						

EXPENSES

(Please include documentary Evidence)

ITEMS	APPROX. AMOUNT IN US\$
Food (estimate)	
Medical	
Clothing (estimate)	
Rent	
Transportation, commuting and fuel expense	
Auto Loan or Lease	
Mortgage & Loan Repayments	
School Tuition/Loans	
Other	
TOTAL	

PART D:

I understand that my signature authorizes the Key Biscayne Athletic Club to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all information on this form is true and correct and that I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.

Name: _____

Signature: _____ Date: _____