

KETTLE MORAINÉ UNITED
APPLICATION FOR SCHOLARSHIP

1. Applicant Name: _____
 Address: _____
 Phone: _____
2. Player Name: _____
3. Program: ___ Recreation ___ Select Level (e.g. U12-Boys): _____
4. Financial Aid Sought: ___ Payment Plan ___ Registration Fee. If payment plan, proposed payment: _____

	Applicant	Spouse
Occupation		
Employer		
Wages*		
Support/Maintenance		
Other Income		
Annual Income**		

* Please attach copy of most recent check stub.

** As reported to IRS in most recent tax year. Attach front page of tax return, with Social Security Number deleted.

Statement of Need - Please attached a separate, written statement describing your need for financial aid and any additional circumstances you would like us to consider.

CERTIFICATION

I hereby certify that the above information and the attached statement are true, accurate and complete to the best of my knowledge and understanding, and that I am submitting this application in good faith, without any intent to deceive or misrepresent my financial need. I further recognize and understand that Kettle Moraine United is under no obligation to provide me with any financial assistance, and that the decision to accept or deny this application shall be made at the sole discretion of the club and its Board of Directors.

Signed: _____

Date: _____