

**Office Use Only**

Application #

Team:

Approved Date:

Denied Date:

Kona Crush Soccer Academy**Application for Financial Aid****Confidential****Application Date:**

Application Deadline: August 15, 2022

Player Information		
Last Name	First Name	Date of Birth
Address	City	Zip Code
School	Grade	GPA
Additional Player Requesting Financial Aid		
Last Name	First Name	Date of Birth
School	Grade	GPA
Mother/Guardian Information		
Last Name	First Name	Email
Address	City	Zip Code
Home Phone	Work Phone	Cell Phone
Father/Guardian information		
Last Name	First Name	Email
Address	City	Zip Code
Home Phone	Work Phone	Cell Phone
List all Children registered with KCSA or other clubs		
Name	Club	Age
Name	Club	Age
Name	Club	Age
Name	Club	Age

Assessment of Need

Please state your reason for requesting financial aid from KCSA

Is your Current financial situation temporary or permanent?

Please explain:

How many people in your household (adults & Children)?

Please provide a copy of 1099 or W2 forms to provide total income for 2021

If copy is not available, please state your estimated gross income for 2021

How much of the KCSA Club fee can you pay?

How many years has your players/family been a member of KCSA?

Have you ever been a volunteer for KCSA?

If yes, please explain

We ask that all participating parents volunteer for KCSA a minimum of 12 hours per year/player. Which positions are you committed to help? Please circle 3 choices or provide additional ways you could volunteer.

Field Maintenance

3v3 tournament

Grant writing

End of Year Party

Equipment Maintenance

Fundraising

End of Season Playoffs

Social Media

Other (please explain)

Terms of KCSA Financial Aid Policy

The KCSA Board reserves the right to discontinue financial aid at any time if the information provided is inaccurate or the recipient falls out of good standing with the club or affiliates. Partial aid may be awarded based on available funds and the need-based decision as determined by the Board.

Financial Aid will not cover the following Items:

- Game and practice uniforms
- Traveling cost
- Private lessons
- Tournaments

Please initial and sign below

- I have read and agree to the terms of KCSA's Financial Aid policy and requirements as outlined in this application _____ (initial)
- I am requesting that _____, _____
Player(s) be on financial aid with KCSA _____ (initial)
- All information stated on this application is true _____ (initial)
- I understand that the club administrator will retain this application _____ (initial)
- I Agree to answer questions and supply any additional information as requested by KCSA representative in regard to financial aid _____ (initial)

I (We) hereby request financial aid from the Kona Crush Soccer Academy

Mother/Guardian Signature

Print Name

Date

Father/Guardian Signature

Print Name

Date

Submit the Following to address Listed Below:

Email: admin@konacrushacademy.org

Mail: KCSA Board – Financial Aid

PO Box 1481

Kailua-Kona, HI 96745

- 1) Signed and completed Application
- 2) Players Recent Report Card
- 3) The first 2 pages of your 2021 filed federal tax return & 1099s

All information provided with this application will be held in the highest confidence