



Kaw Valley Soccer Association Scholarship Request Form

Please complete one form for each child.

Date Completed: _____

Program: Hobbits: ____ Recreation: ____ Club: ____ Premier: ____

Player: First name: _____ Last name: _____

Player Date of Birth: (Month/Day/Year) _____

Parent or Guardian: _____

Address: Street: _____ Apt/Lot number: _____

City/State: _____ Zip: _____

Contact: Home: (____) ____-____ Cell: (____) ____-____

Daytime: (____) ____-____ Email: _____

KVSA uses enlistment in the USD 497 Free and Reduced Lunch Program as a guide to financial need. If your player is part of this program, please submit a photo copy of the awards letter you received from the School District (one photo copy for each Scholarship Request Form submitted) **OR** your child is not attending a public school, please use the space below and/or use the reverse side to briefly explain your scholarship request. No other financial documentation is requested at this time.

For Office Use Only

Date: _____ **Scholarship Amount: \$** _____ **Amount Due: \$** _____

Approved By: _____