



SCHOLARSHIP APPLICATION

Mid-Kansas United Soccer Initiative is an entity that promotes youth soccer in Saline County, Kansas and those surrounding counties through the funding of scholarship for participation of individuals and overall development of youth soccer.

We offer a scholarship up to \$100 that may be used towards the participation on any team or club of the recipient's choice. This scholarship is a secondary scholarship to those team's or club's scholarship and proof of application of those must be provided along with this application. This is a seasonal scholarship with deadlines of August 31 and March 31 of each year.

Player Name _____ Phone# _____

Parent/Guardian _____

Parent/Guardian email _____

Address _____ City _____ Zip Code _____

Team/ Club _____ Coach/Manager _____ Age Div. _____

Contact Info _____

Registration cost: \$ _____

Scholarship Received from Team or Club: \$ _____ (please provide copy of acceptance)

Participates in Free/Reduced Lunch Program: **Yes** _____ (please provide copy of acceptance) **No** _____

Do you have siblings participating in soccer also? **Yes** _____ (# of _____) **No** _____

Is team fundraising offered? **Yes** _____ **No** _____

Please provide written explanation if you feel necessary for circumstances of need on the back of this form.

By my signature below, I attest that financial aid is necessary for the above named child to participate, I understand, if approved, the funds will be submitted to the club/coach on their behalf to be applied to their fees.

Parent/Guardian Signature _____ Date _____