



Office Use Only

Application # Team:

Approved Date:

Denied Date

Kona Crush Soccer Academy

Application for Financial Aid

Confidential

Application Date:

Application Deadline August 1, 2021

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 2020

If copy is not available, please state your estimated gross income for 2020

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 regarding 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: finaid@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 2020 filed federal tax return & 1099s

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