

**TKO Premier Soccer Club**  
**P.O. Box 19293, Kalamazoo, MI. 49009**  
**Financial Assistance Application Form**

If applying for assistance for more than one player, please complete a separate form for each. Please complete the below information for the household that the player lives in. If either parent is a step parent, please include their information as well.

TKO team playing for: U- \_\_\_\_\_ (enter age group) \_\_\_\_\_ boys \_\_\_\_\_ girls

Player's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's current annual gross income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's current annual gross income: \_\_\_\_\_

Number of children in the household: \_\_\_\_\_

Amount of support payments received  
per month for player. (if applicable)  
\_\_\_\_\_

What is the amount of Financial Assistance being requested? \_\_\_\_\_

**Please explain any circumstances you feel the board should consider in making their decision.**

Volunteer Areas of Commitment:  
(Circle One)

1.) No Preference 2.) Kalamazoo Outrage 3.) TKO Tournaments: 4.) TKO Club Activities

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

EMAIL address: \_\_\_\_\_

Office use Only  
Approved \_\_\_\_\_  
Percentage \_\_\_\_\_  
Denied \_\_\_\_\_

Please submit this form along with a copy of the latest Federal tax return filed and any documentation you feel supports your request.

Office use Only  
Approved \_\_\_\_\_  
Percentage \_\_\_\_\_  
Denied \_\_\_\_\_