



KCSG Soccer Club Financial Scholarship Program

Kansas City Scott Gallagher Soccer Club is committed to providing a high-quality, affordable youth soccer program, accessible to everyone. While we try hard to keep club fees as low as possible, we realize that paying the full amount can be a hardship for some families. It is important to understand that financial assistance is directly dependent on the amount of funds available from donations and specific events designed to fund our scholarship program and the number of applications received. In an effort to fairly distribute what funds we have available, our application is in-depth and requires supporting documentation. No applications will be considered without ALL supporting documentation.

Donations from individuals, club fundraising and corporate sponsors allow KCSG to offer financial scholarships to players with financial needs. A Scholarship Committee with the Guidance of the DOC Committee is responsible for the review and issuance of scholarships based on a player's financial need and the amount of scholarship funds available.

Please note that the award of a scholarship from Kansas City Scott Gallagher Soccer Club for the soccer season, August-June, carries with it the obligation to remain on the team for the entire year and only play for KCSG Soccer Club. Players may not dual roster with another club and receive financial assistance from KCSG. The coaches of KCSG Soccer Club will not release scholarship players to other teams in the surrounding area during the season.

Financial Assistance Eligibility:

1. You must be willing to discuss personal financial matters with a member of the Scholarship Committee.
2. Both parents/guardians, along with the player, agree to actively participate in future team and club fundraisers and contribute a minimum of 10 hours of volunteer service to KCSG if requested to do so. Such volunteer hours can be helping with tryouts, a tournament, soccer school or other activities presented by KCSG.
3. Understand that you will be responsible for paying the remaining balance of the player's fees that is not covered by financial assistance.

Scholarship applications can be submitted directly to KCSG via email to sengeman@kcsgsoccer.org ; mail or drop off address is:

KC Scott Gallagher, 3035 SW Saddlewood Drive, Lee's Summit, MO 64081

Please submit the following to KCSG:

1. Completed scholarship application form
2. Copy of most recent pay stubs for all working adults in the household
3. Most recent completed Federal Tax Return (pages 1 and 2 only) for both parents/guardians (black out all social security numbers before submitting these forms)



Scholarship Application Form

Player Name _____ Birthdate _____ Female ___ Male ___

Team Name _____ Coach _____

of seasons or years in KCSG Soccer Club _____ # of siblings playing in KCSG Soccer Club _____

Parent(s) or Guardian(s) Name _____

Address _____ City _____ Zip _____

Phone _____ Alternate Phone _____

Email Address _____

Employment Status (check one): Full Time ___ Part Time ___ Unemployed ___ Worker's Comp ___

Employer Name: _____

To apply for scholarships for additional children in the family, please attach this form and fill in the top three lines for each child

Circle the total gross income (before taxes) earned by all adults in your household during the last year:

Under \$25,000 \$25,001-35,000 \$35,001-45,000 \$45,001-50,000 over \$50,000

Give a brief explanation of the reason for your need: _____

Scholarship assistance is necessary for my child to participate in KCSG Soccer Club activities. I certify and affirm the above information is true and complete to the best of my knowledge. I understand incomplete and/or false information could jeopardize eligibility for scholarship assistance. I have read the Financial Assistance Program description and understand there is no guarantee of scholarship assistance. I understand that KCSG Soccer Club, its officers, directors, coordinators, coaches, and volunteers make no promise or assurance of financial assistance. I understand the scholarship amount is subject to funds available and the family's ability to pay. In consideration of scholarship assistance to the Player, I agree to participate as a volunteer for KCSG Soccer Club if required.

Parent or Guardian Signature _____ Date _____

Print Name of person filling out application _____