



Aurora Soccer Club

Ways and Means Application

Player Name: _____
(First Name) (Middle Name) (Last Name)

Age Group: _____ Season: _____
(example: 2023 Outdoor) (example: Under 13 Girls)

Player/Guardian Name: _____
(First Name) (Middle Name) (Last Name)

Phone number: _____ Email: _____

Financial Assistance Amount requested: \$ _____

Are you able to pay for the player's registration/team fees? YES NO

How much are you able to contribute? \$ _____

Have you applied for other funding? Kidsport Jumpstart
 Other (please specify) \$ _____

*** Please show proof that other financial assistance has already been applied for. This is mandatory.**

** It is expected that the player/family have already applied for other funding

Please see next page...

* If you do not provide the full requirements on this form, you will not be eligible.

** Providing false information will make your application invalid and you will not be eligible.



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Please choose where you have volunteered in the past:

- Coaching
- Team fundraisers
- Aurora tournaments

Please choose where you can volunteer now:

- Coaching
- Team fundraisers
- Aurora tournaments

Contact information for someone who can confirm your financial situation
(Principal, Teacher, Police Officer, Religious Leader, Health Professional, Social Worker)

Support Reference: _____
(Family) (First) (Middle)

Phone number: _____ Email: _____

Please explain why we should approve your application:

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