

IOWA CITY KICKERS SOCCER CLUB, INC.
GRANT
ELIGIBILITY GUIDELINES

*130% of FY09 Federal Poverty Guidelines based on Gross Income
(one form per family)*

*Each season the Kickers organization provides financial assistance to needy players through a limited number of grants. These grants cover the cost of **one season only** and need to be reapplied for each season.*

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$13,520	\$1,127	\$260
2	\$18,200	\$1,517	\$350
3	\$22,880	\$1,907	\$440
4	\$27,560	\$2,297	\$530
5	\$32,240	\$2,687	\$620
6	\$36,920	\$3,077	\$710
7	\$41,600	\$3,467	\$800
8	\$46,280	\$3,857	\$890
For each additional family member add	\$4,680	\$390	\$90

Name of Head of Household: _____

1. I declare that there are _____ persons in my household.
2. All members of my household are recipients of Title XIX benefits. Yes No.
If No is checked then:
I declare that the combined gross income (earned and unearned) of all persons in the household is \$_____ per _____ (week, month, year).
3. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
4. I understand that services received under this program are not to be sold or exchanged.

Players Names: _____

Address: _____

Phone: _____

Signature of Parent/Guardian: _____ Date _____

*Mail to: Iowa City Kickers Soccer Club
PO Box 226
Iowa City, IA 52244-0226*

Phone: 351-7927