Wilmette Wings Soccer Club
Application for Financial Assistance

All requests for financial aid are processed through the Family Service Center of Wilmette and are kept confidential.

Instructions: Please complete the Application for Financial Assistance and mail it, including the required financial documentation, directly to:

Rachel German
Family Service Center of Wilmette
3545 Lake Avenue #200
Wilmette, IL 60091

1.Applications must be submitted by July 1, 2021.

2. The contents of your application and attachments will be reviewed solely by the Family Service Center of Wilmette and will be kept confidential and not revealed to any member of the Wilmette Wings Soccer Club.

3. Family Service Center of Wilmette may or may not recommend financial assistance and their decision is final.

4. All families are expected to pay a portion of the club fees. A minimum $400 deposit per player is required. No full scholarships will be given, and scholarships covering more than 1/2 of the fees will be granted only in extenuating circumstances.

5. All fees must be paid by January 1, 2022. If your fees are reduced by scholarship, you must pay your balance by January 1, 2022. If your request for a scholarship is denied, you must pay your full fees by January 1, 2022. If fees are not paid by that date, your child will not be permitted to practice or play in a game until all outstanding fees are paid or until a payment plan contract is agreed to with the Wings Treasurer.

If you have any questions, please contact Rachel German at the Family Service Center of Wilmette, (847)251-7350.

For information on payment plan options and agreements, please contact the Wilmette Wings Soccer Club Administrator, Jill Krueger at jillkrueger@wilmettewings.com.

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Date:_____
Name (Head of Household):_____
Marital Status:_____ Number of Children:_____
Address:_____
Phone:_____ Business Phone:_____
Name and Age of Player(s):

_____

_____

Please describe the reasons you are applying for financial assistance:

_____

_____

_____

Please attach the following documents to support your application:

1. 2020 Illinois 1040 from all working parents or guardians living in your household.

2. Most recent paycheck or unemployment stubs from all working parents or guardians living in your household.

3. Estimated income for 2021 : _____

4. Describe and/or provide proof (bills, etc.) of unusual family expenses this year, if applicable (you may attach a separate sheet):

By your signature, you attest that all of the information you have provided in support of your application is true and correct to the best of your knowledge.

Signature:_____

Office Use Only:
Recommended percentage fee reduction for this family is _____%
Name (Parent/Guardian):_____
Address:_____
Phone:_____ Notified of Status: _____
Date of Notification:_____
Family Service Representative:_____