

## **MCC Soccer Club**

Application #:	
Team:	
Date:	
Approved:	Denied:

OFFICE USE ONLY

## Financial Assistance Application

## **CONFIDENTIAL**

Application Date	: <u> </u>		
	PLAYER INFORMA	TION	
Last Name:	First Name:	Date of	Birth:
Address:	City:	State:	Zip:
School:	Grade:		
	ADDITIONAL PLAYER REQUESTI	NG FINANCIAL AID	
Last Name:	First Name:	Date of Birth:	
School:	Grade:		
	MOTHER/GUARDIAN INF	ORMATION	
Last Name:	First Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-Mail:			
	FATHER/GUARDIAN INFO	ORMATION	
Last Name:	First Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email:			
	LIST ALL CHILDREN REGISTERED WITH	H MCC OR OTHER CLUB	3S
1) Name:	Clu	b:	
2) Name:	Clu	b:	
3) Name:	Clu	b:	

<b>ASSESSMENT</b>	OF NEED
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Please state your reason(s) for requesting financial assistance from MCC:
s your financial situation permanent? Yes or No
Explain:
How many people are in your household? (include children, adults, and dependents in household)
How much of the MCC Soccer fee can you pay?
How many years has your family been a member of MCC? Team(s):
Terms of MCC Soccer Club Financial Aid Policy
The MCC Board meets as needed to process applications. MCC reserves the right to discontinue financia
assistance at any time if the information provided is incorrect or inaccurate. Partial aid may be awarded
pased on the decision by the MCC Board. If necessary, the Board may request additional information (e.g.
Adjusted Gross Income, proof of income (IRS 1040, IRS 1040EZ, 1099, Form W-2)) in connection with ou
review of your application for financial aid.
The MCC asks that all families that receive financial assistance volunteer for MCC for a minimum of 10 hours
up to 20 hours) per season (fall and spring) per player.
(we) the applicant have read and agreed to the terms of MCC Financial Assistance policy and any requirements outlined on this application. I am (we are) requesting that (player's name be placed on aid status with MCC. Everything I (we) have stated in this
application is true. I (we) understand that you will retain this application. I (we) agree to answer questions and supply any additional information that the MCC Board requests.
(we) hereby request financial aid from MCC Soccer Club:
Mother/Guardian Signature Father/Guardian Signature Date