



MCC Soccer Club

Financial Assistance Application

OFFICE USE ONLY

Application #: _____
 Team: _____
 Date: _____
 Approved: ___ Denied: ___

CONFIDENTIAL

Application Date: _____

PLAYER INFORMATION			
Last Name:	First Name:	Date of Birth:	
Address:	City:	State:	Zip:
School:	Grade:		
ADDITIONAL PLAYER REQUESTING FINANCIAL AID			
Last Name:	First Name:	Date of Birth:	
School:	Grade:		
MOTHER/GUARDIAN INFORMATION			
Last Name:	First Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-Mail:			
FATHER/GUARDIAN INFORMATION			
Last Name:	First Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email:			
LIST ALL CHILDREN REGISTERED WITH MCC OR OTHER CLUBS			
1) Name:	Club:		
2) Name:	Club:		
3) Name:	Club:		

ASSESSMENT OF NEED

Please state your reason(s) for requesting financial assistance from MCC:

Is 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 financial assistance at any time if the information provided is incorrect or inaccurate. Partial aid may be awarded based 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 our review of your application for financial aid.

I (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.

I (we) hereby request financial aid from MCC Soccer Club:

Mother/Guardian Signature

Father/Guardian Signature

Date