



2021/2022 MONTCLAIR SOCCER CLUB TRAINING FEES FINANCIAL AID APPLICATION

MSC offers a limited amount of financial aid to players in the club. Your honesty in completing this application will ensure that these funds are allocated to those families most in need. Financial aid recipients will be notified of their financial aid award and will receive a discount code from the registrar to use in registering their player. The application will be reviewed and all information provided will be held in the highest confidence. All supporting documents will be shredded or properly discarded once the amount of financial aid has been determined.

Registration payments can be made with monthly installments. If this still does not help your current financial situation, please briefly explain why you are requesting financial aid. Please add additional sheets if necessary. See below

Please scan and email this application to financialaid@montclairsoccerclub.org along with:

- 1) Copy of the parent(s)/guardian(s) 2019 or 2020 income tax returns (first two pages) and 2020 W-2 wage statement or other proof of income. PLEASE WHITE OUT SOCIAL SECURITY NUMBERS.
- 2) Any additional documentation that will demonstrate a need for financial assistance

The application will be reviewed and you will be notified of a decision as soon as possible. If approved, you will be contacted with instructions on how to register.

PLAYER'S NAME: _____ BIRTHDATE: _____ SCHOOL: _____
(one application per player in family must be submitted)

TEAM (e.g. MSC 2010 Boys): _____ COACH NAME: _____

PARENT 1 NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER: _____ JOB TITLE: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

PARENT 2 NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

LIST ALL CHILDREN IN YOUR FAMILY INCLUDING THOSE NOT APPLYING:

- NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO
- NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO
- NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO
- NAME: _____ AGE: _____ SCHOOL: _____ PLAYER: YES NO

HOW MANY YEARS HAS YOUR FAMILY BEEN A MEMBER OF AFC, CVSC, MSC or PSC? _____

LIST ALL ADDITIONAL INCOME YOU OR ANYONE IN YOUR FAMILY RECEIVES THAT IS NOT LISTED ON YOUR INCOME TAX FORMS (CHILD SUPPORT, CHILDCARE SERVICES, ETC):

LEVEL OF FINANCIAL AID REQUESTED (please circle): up to 25% up to 50% up to 75%

PLEASE STATE YOUR REASON(S) FOR REQUESTING FINANCIAL AID. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET. **PLEASE ALSO INCLUDE REASON(S) IF YOU NEED AN EXTENDED PAYMENT PLAN TO COVER REMAINING REGISTRATION AND TRAINING FEES: (if more space is needed, please attach a separate sheet)**

WE ASK MEMBERS TO SUPPORT MSC THROUGH VOLUNTEERING. IN WHICH AREAS ARE YOU COMMITTED TO HELP IN 2021? circle all that apply
REFEREE FIELD WORK COACH ASSISTANT COACH TEAM MANAGER FUNDRAISING OTHER? _____

IN THE PAST YEAR DID YOUR FAMILY RECEIVE FINANCIAL AID FROM ANY OF THESE PROGRAMS? circle all that apply
SCHOOL LUNCH PROGRAM CALFRESH PROGRAM TANF FINANCIAL AID FOR OTHER SCHOOL/SPORTS

I AGREE THAT THE INFORMATION I HAVE SUBMITTED ABOVE IS TRUE AND ACCURATE. I ACCEPT THE FINANCIAL AID REQUIREMENTS SET FORTH BY MONTCLAIR SOCCER CLUB.

PARENT/GUARDIAN SIGNATURE DATE