



MONTCLAIR SOCCER CLUB FINANCIAL AID APPLICATION



Montclair Soccer Club (MSC) grants Financial Aid based on need and available funds. Please complete this application form so that we can fairly evaluate our various members' needs.

PLAYER INFORMATION

PLAYER'S NAME: _____ DATE OF BIRTH: ____/____/____

ST ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

CURRENT SCHOOL: _____ SCHOOL FALL 2018: _____

TEAM AGE GROUP, GENDER & NAME: _____ COACH: _____

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1 NAME: _____

ST ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

PHONE (HOME): _____ PHONE (MOBILE): _____

PHONE (WORK): _____ EMAIL: _____

EMPLOYER: _____ YEARS: _____

JOB TITLE: _____ INCOME: _____

PARENT/GUARDIAN #2 NAME: _____

ST ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

PHONE (HOME): _____ PHONE (MOBILE): _____

PHONE (WORK): _____ EMAIL: _____

EMPLOYER: _____ YEARS: _____

JOB TITLE: _____ INCOME: _____

Please list any other children in your family who are registered with the Montclair Soccer Club:

PLAYER'S NAME: _____ DATE OF BIRTH: ____/____/____

TEAM AGE GROUP/GENDER: _____ COACH: _____

PLAYER'S NAME: _____ DATE OF BIRTH: ____/____/____

TEAM AGE GROUP/GENDER: _____ COACH: _____

Level of Financial Aid requested: up to 25% up to 50% up to 75%

In the past year did your family receive financial aid from any of these programs?

Free or reduced price school lunch.

CalFresh Program (Food Stamps)

Temporary Assistance for Needy Families (TANF)

Financial aid for school or other sports organizations (please specify)

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.

We ask members to support MSC through volunteering. In which areas are you committed to help in 2018?

Referee Field Work Coach Assistant Coach Team Manager Fund Raising

Other (please specify)

Did you volunteer with MSC in 2017? If yes, please provide details: YES NO

Please complete this application in full and include the following documents:

- A copy of the first two pages on your 2017 filed federal tax return. If you have not yet filed your 2017 return, then please submit the first two pages of your 2016 return, along with copies of any 2017 W-2s or 1099s or other proof of income. If financial aid is granted, MSC may request the 2017 return once filed.
- Any additional documentation that will demonstrate a need for financial aid.

All information provided with this application will be held in the highest confidence. All supporting documents will be shredded once the amount of financial aid has been determined. Please white out any social security numbers. Please scan and e-mail this signed application and supporting documents to financialaid@montclairsoccer.org

MSC has limited funds available for financial aid. Your honesty in completing this application will ensure that these funds are allocated to those families most in need. Everything stated in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Name: _____ Date: ____/____/____