

MONTCLAIR SOCCER CLUB
2015 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: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CURRENT SCHOOL: _____ SCHOOL IN FALL 2014: _____

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

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1 NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE (MOBILE, HOME, OR WORK): _____ EMAIL: _____

EMPLOYER: _____ JOB TITLE: _____ YEARS: _____ INCOME: _____

PARENT/GUARDIAN #2 NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE (MOBILE, HOME, OR WORK): _____ EMAIL: _____

EMPLOYER: _____ JOB TITLE: _____ YEARS: _____ 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 & NAME: _____ COACH: _____

PLAYER'S NAME: _____ DATE OF BIRTH: _____

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

PLAYER'S NAME: _____ DATE OF BIRTH: _____

TEAM AGE GROUP, GENDER & NAME: _____ 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 help support MSC through volunteering. In which areas are you committed to help in 2015?

- Referee Field Work Coach Assistant Coach Team Manager
Fund Raising Tournament Coordination Other (please specify) _____

Did you volunteer with MSC in 2014? If yes, please provide details:

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

- A copy of the first two pages on your 2014 filed federal tax return. If you have not yet filed your 2014 return, then please submit the first two pages of your 2013 return, along with copies of any 2014 W-2s. If financial aid is granted, then MSC may request the 2014 return when it is 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 email this signed application and supporting documents to financialaid@montclairsoccerclub.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: _____