

Financial Aid Application



Player Name (1): _____ **DOB:** _____ **Age:** ____ **Gender:** _____

Program (X) **In-House:** **Division Name:** _____

Travel: **U** _____ **Team Name:** _____

Player Name (2): _____ **DOB:** _____ **Age:** ____ **Gender:** _____

Program (X) **In-House:** **Division Name:** _____

Travel: **U** _____ **Team Name:** _____

Address: _____

Parent/Guardian Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Would you be willing to make payment arrangements instead of Aid? (Yes/No) _____

Amount of requested Financial Aid? Specific Amount (\$): _____

Reason for requesting financial aid: _____

Would you be willing to support MSC through volunteering?

Fundraising & Sponsorships (Yes/No): _____ **Event Coordination (Yes/No):** _____

Parent/Guardian's Signature: _____ **Date:** _____

Please scan and email this completed form along with documentation for additional support such as a copy of SNAP / EBT eligibility letter, Most recent federal tax return (first 1–2 pages only) and/or Recent pay stubs (last 2–3 weeks) documents to mscfinancialaid@gmail.com.

An aid application will not be considered unless documentation is provided.

All financial information is kept confidential and used only to determine eligibility for financial assistance.

Financial Aid is given on a needs-only basis and covers program fees only. It does not cover uniforms, tournament fees, or indoor fees.

MSC is a not-for-profit association