

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 free/reduced school lunch, first two pages of your previous filed federal tax return and/or financial documents to mscfinancialaid@gmail.com.

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

Financial Aid is given on a needs only basis and covers fee only.

MSC is a not-for-profit association