



Maine Metro F.C.

Scholarship/Financial Assistance Request Form

Player's Name: _____ Age Group: _____

Years Played within MMFC: _____ Years Played within Other: _____

If player played for another club, please indicate the club name: _____

Parent's Name: _____

Parent's Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Home Phone: _____

Parent's Work Phone: _____

Parent's Cell Phone: _____

Parent's Email: _____

EMPLOYMENT

Currently Employed: Yes ___ No ___ Occupation: _____

Name of Employer: _____ Phone: _____

INCOME

Annual Gross Income: \$ _____

Household Members (list names and ages):

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Briefly explain the reason(s) for your request (e.g.: "my recent hospitalization has caused an unforeseen financial hardship on my family"; or "my child lives in a single-parent home and does not receive financial support from his/her other parent"); use back of form or attach a separate page.

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(Continued)

Minimum payment your family is able to pay (MUST COMPLETE): \$_____

I declare the above personal and financial information is accurate. Upon request, I will submit my most recent federal income tax form. I understand that receiving financial assistance is a privilege and pledge to have my child at all team activities, and pledge for my family and/or I to work club events as assigned by the club directors. I also recognize the scholarship may cover partial fees and I am responsible for paying the remaining balance, and I am responsible for non-club expenses (personal travel, uniforms, etc.)

All information submitted and the officers of the Maine Metro F.C. soccer club will keep any financial assistance granted strictly confidential.

Please attach a separate page if you would like to add additional information regarding your family's situation. If you have more than one child in the Maine Metro FC program and would like financial assistance for each child, please use one form for each child.

Volunteer Events for Families Receiving Financial Assistance – Select events you are available to participate in.

- Foot Skills Assistance: _____
- Indoor Tournament Rep: _____
- Referee: _____
- Fund Raising: _____
- Concessions: _____
- Club Projects: _____
- Other: _____

By signing below, it is understood and consent is given to release financial or any other information as required by Maine Metro F.C., for the sole purpose of consideration for a Maine Metro FC scholarship or by the donor. By signing below, I certify that the information on this form is complete and true.

Parent(s)/Guardian Signature: _____

Date: _____

Completed applications can be dropped off or mailed to:

**Maine Metro F.C.
20 Crestwood Drive
Westbrook, Maine 04092**

Applications will be reviewed and families will be contacted regarding their financial assistance status if there are issues with their application.

Note: Submitting an application for a scholarship does not guarantee that you will receive any scholarship, award, financial aid or other funds. Eligibility for scholarships will be determined by the Maine Metro FC Board or entity providing or sponsoring the scholarship or by other designated entities.