



MERCER ISLAND FC FINANCIAL ASSISTANCE APPLICATION

TO BE COMPLETED AND SIGNED BY PARENT OR RESPONSIBLE ADULT

PROGRAM DESCRIPTION: Mercer Island FC (MIFC) offers an assistance program for youth soccer participants who are in need of financial aid in order to play soccer in a MIFC Recreation or Club Select program. Each request is considered on a per season basis. This request may cover registration, uniform, trainer and travel fees (if applicable). The amount of aid and number of players receiving aid is dependent upon the money in the MIFC financial Assistance Account and is not guaranteed from year to year.

CONFIDENTIALITY: All information is for the sole purpose of helping the MIFC Executive Committee make grants. Scholarship requests are strictly confidential. Incomplete forms will not be considered and may be returned.

Person completing form: _____ Relationship to player: _____

Home Address: _____

Home phone: _____ Alternate phone: _____

Email address: _____

Player's Name: _____

Does player qualify for free or reduced school lunch program? YES / NO

Estimated Current Year Family Income: \$ _____

Please attach page 1 of most recently filed FORM 1040. Omission without valid explanation will result in denial of scholarship.

Family Size: _____ Number of children in MIFC programs: _____

Reason for requesting aid:

MIFC Program: Rec _____ Select _____ Age: BU / GU _____

Cost of MIFC program: \$ _____

Cost of MIFC uniform: \$ _____

Cost of trainer/other team expenses (if applicable): \$ _____

Total expected cost: \$ _____

Amount you can afford to pay: \$ _____

Total amount of financial aid requested: \$ _____

I certify that the above information is true and accurate. I also certify that I will compensate MIFC for any amounts awarded should the information included in this application prove to be false. I understand that if I fail to reimburse the Club for funds obtained under false pretense, the matter may be sent to collections. I also understand that failure to provide supporting documentation (Form 1040 page 1) could lead to the rejection of this application.

Signature: _____ Date: _____

Print Name: _____

Please return the completed form in a sealed envelope to: "ATTENTION: MIFC FINANCIAL ASSISTANCE, PO BOX 113, MERCER ISLAND, WA 98040".

FOR MIFC EXECUTIVE COMMITTEE USE ONLY:

REQUEST:	APPROVED / DENIED
AMOUNT REQUESTED:	\$ _____
AMOUNT APPROVED	\$ _____
REQUIRED FAMILY CONTRIBUION:	\$ _____

COMMENTS:

_____ **MIFC PRESIDENT** _____ **DATE**