

# Missoula Strikers Soccer Association Financial Assistance/Scholarship Application

## Application - Player/Family Information All Information will remain confidential

Date submitted: \_\_\_\_\_

**Deadline:** February 1st or before team practices begin

Player's name: \_\_\_\_\_

Parent or Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Team: U-\_\_\_\_ Boy's/Girl's (Circle One)

Team Coach: \_\_\_\_\_ (If Known)

Team Manager: \_\_\_\_\_ (If Known)

What is the total annual income for your family? \_\_\_\_\_ Under \$30,000 \_\_\_\_\_ \$30,001 - \$49,999  
\_\_\_\_\_ \$50,000 - \$75,000

**\*The latest copy of your Tax return must be included to be considered for a full scholarship**

Number of children under the age of 18 living at home? \_\_\_\_\_ Number of children in college? \_\_\_\_\_

Number of children playing Strikers or Microstrikers? \_\_\_\_\_ Single parent family? \_\_\_\_\_

Any other information you would like us to consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your preference for volunteer service to the team or club: \_\_\_\_\_ Referee

\_\_\_\_\_ Fundraising \_\_\_\_\_ Team Manager \_\_\_\_\_ Phone tree \_\_\_\_\_ Line fields

\_\_\_\_\_ Coach \_\_\_\_\_ Assistant coach \_\_\_\_\_ MSSA Office assistance

\_\_\_\_\_ Other(specify)

All recipients (player or parent) of financial assistance will be required to contribute a minimum of 10 hours of volunteer time performing MSSA activities at the direction of the Director of Strikers. This work must be completed during the season for which they receive the assistance in order to be considered for scholarships in subsequent seasons.

Requested Amount: \$ \_\_\_\_\_ (Max. request: Strikers Player Fee)

Signature \_\_\_\_\_

**Sent to: MSSA, PO Box 4184, Missoula, MT, 59807 Attn: Club Treasurer**