



PO Box 211, Metropolis, IL 62960

MYSL FINANCIAL HARDSHIP SCHOLARSHIP REQUEST FORM

Massac County Soccer Boosters Association may grant registration fee scholarships to children, who without this financial assistance would not be able to participate in either the Spring or Fall season of the Massac Youth Soccer League (MYSL). Scholarships are only available to cover the cost of the regular registration and are not available to cover any additional costs (equipment, tournaments, etc.)

Scholarship requests must be submitted with your registration form and be received by the posted registration deadline for the each season applied. The Massac County Soccer Boosters Association Board will consider for approval all completed applications received by the application deadline. Note there are a limited number of these scholarships available for any one season. Any approved candidates will possibly receive upon a first-come, first-serve basis until the available scholarships are exhausted for that particular season.

Scholarship Request MUST Include:

- 1. Completed & Signed MYSL Registration Form**
- 2. Completed & Signed Scholarship Request Form**
- 3. Photocopy evidence of Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. OR formal written statement indicating requirement for financial need.**
- 4. Partial registration fee payment of \$20/child applicable for regular registration dues only.** (No further discounts or deductions are available for scholarship recipients. If participating in the optional ADP program, these separate ADP dues must be paid in full in addition to the partial registration payment)

PLAYER NAME: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

By submittal of this application, the requestor understands all of the following: that scholarships may be awarded on a limited basis due to the amount of funding available and number of requests. No guarantee of assistance is implied with this application. The Board retains all rights to deny approval of an application for any reason and without having to provide statement of cause. The requestor also understands with this application to hereby waive, release, indemnify, and agree to hold harmless the Massac Soccer Boosters Association Board from any legal and liability action that may arise from this application process.

As the parent or guardian of the above listed child, I understand and acknowledge the requirements for scholarship eligibility and will fully comply with these guidelines.

PARENT/GUARDIAN SIGNATURE: _____

*** FOR MASSAC SOCCER BOOSTER ASSOCIATION BOARD USE ONLY***

APPROVED

DENIED