



## 2022-2023 Scholarship Application

Midwest City Soccer Clubs Scholarship program was created to help provide an opportunity for low-income players to enjoy the game of soccer. The program provides financial assistance towards registration. Funds are available to any player at any level (recreational, academy or competitive). Email the completed application with proof of reduced/free lunches from a public school to [operations@mwcsoccer.org](mailto:operations@mwcsoccer.org) . If you are unable to scan and email the application, let us know and we will make other arrangements.

If your application is accepted, we would hope that you are willing to volunteer some time at the club in our concession or maintenance. We request a minimum of 20 hours for the season. Our concession and complex manager will contact you about scheduling time and will make every effort to work around your player's schedule. We understand not everyone will be able to volunteer their time, but we all know that if one helps and one doesn't, it may play a part in future applications.

Applications will be reviewed by the board of directors and applicants will be notified accordingly. Funds are limited, so there is no guarantee of acceptance prior to approval by the board.



2022-2023 Scholarship Application

Players Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Team:  
\_\_\_\_\_

Parent/Legal Guardian

Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Total number of players registered at Mwc Soccer Club: \_\_\_\_\_

Number of years your family has been registered with Mwc Soccer Club: \_\_\_\_\_

Did you receive scholarship funds last season: Y N

Annual Household gross income: \_\_\_\_\_

Do you receive reduced/free school lunches: Y N (Attach proof if available)

I understand there is no guarantee of scholarship funds until approved by the board of directors. If I receive scholarship funds and fail to play the entire season, I will not be considered for scholarship funds in the future. I will try to volunteer a minimum of 20 hours at the club.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Board Use:

Approved: Y N If no, reason: \_\_\_\_\_

Amount: \_\_\_\_\_