

**MID-STATE SOCCER CLUB  
SCHOLARSHIP REQUEST**

MSSC provides scholarships to those that have a qualified need. The award amounts are based on the number of awards and our scholarship fund balance. To qualify, a family must be able to provide supporting documentation of need upon request. Additionally, the family will be required to commit volunteer time for the club during that season. Examples may include field maintenance, concessions, marketing, fund raising, etc.

**All items on this application will be kept confidential.**

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Team: \_\_\_\_\_

Number of Children Playing in the Mid-State Soccer Club: \_\_\_\_\_

Requested Level of Assistance (check one):

Level One      50%      minimum 5 service hours required

Level Two      85%      minimum 10 service hours required

All Service Hours to be rendered before the end of the scholarship award season. If you do not meet the required hours of service, you agree to reimburse MSSC the full amount of the scholarship.

Annual Household Income (before taxes): \_\_\_\_\_ (Club may request copy of tax return to verify)

Number of Dependents you have living at home: \_\_\_\_\_

Please provide additional information that may support your need for consideration:

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

Parent / Guardian Signature: \_\_\_\_\_

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

Coach / Trainer Signature: \_\_\_\_\_

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

**Please Return to:**  
Mid-State Soccer Club  
P.O. Box 2211  
Buckhannon, WV 26201

**For Office Use Only:**  
  
\_\_\_\_ Approved    \_\_\_\_ Denied    By: \_\_\_\_\_