





2023-2024 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 <u>operations@mwcsoccer.org</u>. If you are unable to scan and email the application, let us know and we will make other arrangements.

I understand that I will be required to work a minimum of 10 hours during our Spring Spectacular or Patriot Cup tournament. The volunteer work form must be signed and attached to the following year's scholarship application to be considered. Volunteer work form is located on our website or email <u>operations@mwcsoccer.org</u> for a copy.

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.

VISION VISION 2023-2024 Scholars	Since Application	VISI		
2023-2024 50101813				
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 understand that I will be required to work a minimum of 10 hours during our Spring Spectacular or Patriot Cup tournament. The volunteer work form must be signed and attached to a following years scholarship application to be considered.

Parent/Legal Guardian Signature

Date

Board Use:

Approved: Y N If no, reason: _____

Amount: _____







2023-2024 Scholarship Volunteer Hours Form

I ______, have volunteered the hours listed below in accordance with the scholarship I received for my player, ______.

I am aware that the hours worked must be signed by a Mwcsc staff member as verification and this form turned in along with my 2024-2025 scholarship application if I so apply.

Date worked	Hours Worked	Job Performed
Mwcsc Staff Member	Printed Name	Signature
Date worked	Hours Worked	Job Performed
Mwcsc Staff Member	Printed Name	Signature
Date worked	Hours Worked	Job Performed
Mwcsc Staff Member	Printed Name	Signature
Date worked	Hours Worked	Job Performed
Mwcsc Staff Member	Printed Name	Signature
Date worked Mwcsc Staff Member		Job Performed
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