



2024-2025 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. 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 operations@mwcsoccer.org 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.



2024-2025 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 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: _____



2024-2025 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 Mwscs 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 _____

Mwscs Staff Member _____
Printed Name Signature

Date worked _____ Hours Worked _____ Job Performed _____

Mwscs Staff Member _____
Printed Name Signature

Date worked _____ Hours Worked _____ Job Performed _____

Mwscs Staff Member _____
Printed Name Signature

Date worked _____ Hours Worked _____ Job Performed _____

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