

Approved _____ Date _____ Amount _____

**MISSOULA STRIKERS SOCCER CLUB
FINANCIAL ASSISTANCE APPLICATION**

Purpose: To direct the financial assistance process for those players that require additional means of fund raising to meet the requirements of playing for a team within the Missoula Strikers Soccer Club.

Application – Player/Family Information
All Information will remain confidential

Date submitted: _____ Deadline: February 1st or before team practices begin

Player's Name: _____

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home or Cell Phone Number: _____

E-Mail Address: _____ Fax _____

Team: U- _____ Boys or Girls (Circle One)

What is the total annual income for your family? _____ Under \$30,000 _____ \$30,001 – \$49,999
_____ \$50,000 --\$75,000 _____ More than \$75,000

Number of children under age 18 living at home? _____ Number of children in college? _____

Number of children playing Strikers or Microstrikers soccer? _____ Single parent family? _____

Other information you would like us to consider: _____

Indicate your preference for volunteer service to the team or club: referee _____ fund raising _____
team manager _____ phone tree _____ line fields _____ coach _____ assistant coach _____
MSSA Office work: _____ Other (specify) _____

All recipients (player or parent) of financial assistance will be required to contribute a minimum of **ten** hours of volunteer time performing MSSA activities at the discretion of the Director of Strikers. This work must be completed during the season for which they receive the assistance in order to be considered for scholarships in subsequent seasons.

Requested Amount \$ _____ (Max. request: Strikers Player Fee)

Signature _____

Send To: MSSA, PO Box 4184 , Missoula, MT, 59806

For further information, contact the MSSA Director at 370-5050