Spencer Soccer Club
Confidential Financial Assistance Form

In order to qualify for financial assistance a child's parent(s)/guardian(s) must return this form completed.

Financial assistance is not automatically renewed each season. An application for assistance must be filled out for each season.

Parent/Guardian Last:_____ First:_____

Home Address:_____City:_____

Zip:_____ Phone: (____) _____-_____

Occupation:_____Employer:_____

Salary:_____

Occupation:_____Employer:_____

Salary:_____

Dependents- List only those whom you are applying financial assistance for:

_____ DOB:_____

_____ DOB:_____

_____ DOB:_____

_____ DOB:_____

Season Requested: (circle one)

Fall Spring

Financial Request: Amount Requested (circle one)

Entire Spencer Soccer Club Registration and Uniform Fee

Entire Uniform Fee Only

Spencer Soccer Club Registration Fee Only

Partial Spencer Soccer Club and Uniform Fee
(list percentage you wish Spencer Soccer Club to cover) _____%

As part of this mission, Spencer Soccer Club asks all families to volunteer at various youth and family events to the extent possible. A member of the Spencer Soccer Club will contact you to volunteer at SSC events and fundraisers. You will be grouped with all other volunteers and members who contact you to volunteer will be unaware of your financial assistance. Thank you in advance for your support and understanding.

Spencer Soccer Club does not discriminate on the basis of race, creed, color, or sex.

_____ _____
Signature of Parent/Guardian Date

This application must be submitted prior to registration deadlines in order to secure your child's registration in the program.

If approved for financial assistance you will be required to print a copy of the Mass. Youth Soccer Assoc. membership form and complete this form for each child. The form can be found at http://www.mayouthsoccer.org/UserFiles/file/Membership%20Form.pdf

All information is to be sent to:
Spencer Soccer Club
Attn: President
PO Box 33
Spencer, MA 01562