

Maryland Rush Montgomery Soccer Club
Financial Assistance Application
“All of us helping the few of us”
2015-2016



This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the MRM Financial Assistance Committee members. Please return this application in a sealed envelope to:

Maryland Rush Montgomery Soccer Club
Attn: Financial Assistance Application
PO Box 9081
Gaithersburg, MD 20898-9081

Maryland Rush Montgomery prides itself on providing children the opportunity to play soccer in our community. We understand that personal hardships can make participation difficult for some families. In some cases, we may provide financial aid to qualifying families. The level of financial aid is dependent on a review of this application by the Committee. Financial aid **will not** be granted the day of registration.

Please make sure to read the 'Maryland Rush Montgomery – Financial Assistance Policy'. By submitting this application you are agreeing that you have read, understand and agree with all the terms put forth in the policy.

Only fully completed applications will be submitted to the Committee for consideration. **All decisions are final and you will receive written notification regarding the result of your application.**

All information provided with this application is confidential. **APPLICATION DEADLINE AUG 1ST**
Season: 2015/16

Player Name _____ Age _____ Parent/Guardian _____

Team's age-bracket (U10, U13, etc.) _____ Gender (Boys or Girls) _____

Team Name _____ Coach's Name _____

Player's Street Address: _____ City: _____ State _____ Zip _____

Father's Name: _____

Father's Address (if different): _____

Father's Employer: _____

Mother's Name: _____

Mother's Address (if different): _____

Mother's Employer: _____

Marital Status (M/S/D/W): _____ Number of Dependents: _____

Does this player have any siblings playing with another MRM team? _____

Name: _____ Team: _____ Financial Assistance (Y/N)? ____

Name: _____ Team: _____ Financial Assistance (Y/N)? ____

Name: _____ Team: _____ Financial Assistance (Y/N)? ____

How much per month can you afford to pay for each child to play soccer? \$ _____/mo

Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application. (Please use separate sheet if required):

MRM Use Only:

Approved: ____ Yes ____ No Authorizing Signature: _____

Amount Awarded: _____

Applications will not be accepted without all the following required verification of income. (If applicable).

Please make sure to check every check-box below before submitting your application.

• Please attach verification of any government assistance you receive (if applicable) month, such as, school lunch/meal assistance program, etc.

• I have read and agree to all the conditions listed in the Maryland Rush Montgomery Financial Assistance policy (please click '[here](#)' to download a copy of the policy). I understand I will forfeit any financial assistance if I do not follow all the conditions listed in the MRM Financial Assistance Policy and that late fees may apply if my co-payment is more than 10 days overdue. I further understand that if my financial assistance is deemed delinquent as a result of two late payments this year, I will not be able to apply for financial assistance next year.

• I understand that I will be responsible for all other expenses not covered by financial assistance.

• I understand that the player and family may be required to volunteer service hours for the club in order to receive financial assistance.

• I affirm that all the information given on this application is true and correct.

Player's father or guardian signature

Date

Player's mother or guardian signature

Date

Player's signature

Date