

Marshfield Youth Soccer Player Assistance Program

Player:

Date:

Parents

Phone:

Street:

Email:

City:



It is the goal of Marshfield Youth Soccer to provide financial assistance for players in **need**. An application for scholarship assistance is a certification that the above player will not be able to participate in the program without scholarship assistance due to severe family financial situations. All applications will be reviewed in strict confidence by a panel of three board members consisting of the Marshfield Youth Soccer President, Treasurer, and Registrar. Applicants will be notified in a timely manner of the review panel's decision.

Note: Scholarships that are granted may be distributed in partial fees, which may not cover the entire fees. I understand that if my child receives scholarship dollars that I will be asked to support my child in attending practices, games and clinics that the coach asks the team to participate in. I will support the Marshfield Youth Soccer and/or tournament/academy club by participating in fundraisers and club events whenever possible. I will volunteer my time to the team or club when possible.

Please list what you could afford to pay:

\$

In the space below, please provide a brief explanation of the family financial situation that prompts the scholarship application. (Use the back of this form or type another page if additional space is needed.) Please email this form back to registrar@marshfieldsoccer.com
