

HMMS FINANCIAL ASSISTANCE FORM

HMMS would like to provide every child the opportunity to enjoy the Beautiful Game of Soccer. We offer Scholarships to cover the Registration Fee for families experiencing financial hardship.

Player Name: _____

Player Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Telephone: _____

Gross Monthly Income: _____

Please attach a copy of your most recent paystub.

Monthly Household Expenses: _____

Number of Dependents in Household (including self): _____

By my signature below, I certify that this information is true and complete. I acknowledge that completion of this form does not guarantee approval.

Parent/Guardian Signature: _____

Date: _____

Final approval may require a copy of your most recent income tax form accompanied by supporting W-2/ 1099/ SSA 1099 statements. If you do not file a tax return or if you have had significant financial changes, please explain. Please return this form and all attachments to the attention of the Club Administrator.

Mail to or drop-off in the HMMS container on the porch at:

HMMS SOCCER

Club Administrator

6206 Wallingford Way.

Mechanicsburg, PA 17050-7371

Or scan and email to: hmmssoccer@comcast.net

Reviewed by: _____ Date: _____

Approved for: _____