



Flathead Soccer Club

Spring League Financial Assistance Application

Goal

It is the goal of the Flathead Soccer Club to help make it financially possible for every qualified young person in the Flathead Valley to play on a FSC team.

Policy

Flathead Soccer Club will award financial assistance on the basis of financial need of the player. All qualified players will be considered equally. The FSC Board of Directors Financial Assistance Committee will determine the amount of the award.

All Information Will Remain Confidential

Name: _____ Age: _____ M F

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ E-mail: _____
City Zip

Occupation of Parents/guardians:

Statement of why financial assistance is needed (attach additional sheet if necessary): _____

By accepting financial assistance, I understand and agree that I will volunteer at least 8 hours in addition to the number of hours required of all FSC parents during the upcoming FSC spring season. Volunteer hours may include but is not limited to helping in the following areas: concessions, field maintenance, field preparation at fields during home weekends and club sponsored/hosted tournaments.

Signature: _____ Date: _____

All applications must be received in the FSC office no later than November 30th.
Applicants will be notified of award amount no later than December 10th.

Return form to: Flathead Soccer Club - Financial Assistance Committee
50 2nd St. E., Suite 125
Kalispell, MT 59901

