



Mailing Address: P.O. Box 22522; Billings, MT 59104  
2222 Broadwater Avenue, Suite 101 Billings, MT 59102  
(406) 294-9480

## Financial Aid Request Form

Please submit this completed form for each player in your family requiring aid with documentation before February 1<sup>st</sup> to the address above.

Date \_\_\_\_\_

Player Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Birth Date \_\_\_\_\_ Age Level U- \_\_\_\_\_ [ ] Male [ ] Female

Parent/ Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please enclose this form and a copy of page 1 of your family's Federal 1040 Income Tax form from within the last two years (i.e. spring 2011 soccer needs a 2010 or 2009 1040) to verify your financial qualifications. Please 'white out' all social security numbers. This information will be reviewed by the Financial Aid Director and will be kept strictly confidential. If you do not fall within the income guidelines but have extenuating circumstances that make it impossible for you to participate this coming season, please provide a short explanation with your application. If you have any questions regarding the Magic City Soccer Club Financial Aid & Scholarship Program, please call the Magic office at 294-9480.