



SMOKY MOUNTAIN SOCCER CLUB

APPLICATION FOR FINANCIAL AID

NAME: _____

ADDRESS: _____

Street Number and Name

City

State

Zip Code

PLAYER'S NAME: _____

TEAM: _____

HOW MANY CHILDREN ARE PLAYING SOCCER WITH SMSC? _____

FAMILY SIZE: _____ FAMILY INCOME: _____ (Monthly/Yearly)
Circle one

Please list any aid you currently receive (food stamps, free lunch, etc.) _____

ANY OTHER CIRCUMSTANCES FOR CONSIDERATION: _____

AMOUNT OF AID REQUESTED: _____

WHAT DO YOU FEEL YOUR FAMILY CAN PAY TOWARDS SOCCER FEES?

All information submitted to SMSC to obtain financial aid is strictly confidential and will not be shared with anyone other than Board Members responsible for determining financial aid eligibility.

Please mail your application to:

Smoky Mountain Soccer Club
Financial Aid
PO Box 51
Waynesville, NC 28786

SMOKY MOUNTAIN SOCCER CLUB

PO Box 51
WAYNESVILLE, NC 28786

EMAIL: ADMIN@SM-SC.ORG
PHONE: 828. 400-7738