



APPLICATION FOR FINANCIAL AID

Program – please circle: Premier, Travel, Fall REC, Spring REC

Player's Name: _____ Player's WMSC Team Name: _____

Mother or Guardian's Name: _____

Father or Guardian's Name: _____

Address: _____
Street City Zip

Evening Phone: (____)-_____ Estimated Yearly Family Income: \$_____

Family Size: _____ Family Members in WMSC Programs: _____

Please explain your need for financial assistance and any relevant circumstances, such as job loss, unexpected large expenses, etc.

Amount or Type of Financial Aid Requested:

We (I) certify that to the best of our (my) knowledge the above information is true and accurate.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date