



**Midland Soccer Association
Youth Scholarship Program Fall 2026**

1. DEADLINE for financial aid applications is **Wednesday, July 1, 2026, by 12:00 PM. No exceptions.**
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed (i.e., completed application forms, copies of current tax forms, etc.) Incomplete applications will not be considered.
4. If any question does not apply to you in this application please put N/A in the space.
5. Type or print legibly. Illegible applications will be returned to you.
6. You will be notified regarding the status of your application.
7. If you have any questions about the application, please call the MSA office at (432) 818-1290

NOTE: Financial Aid will be based on household income and supporting documents.

Purpose: The purpose of financial aid is to assist players with funding to play recreational soccer with Midland Soccer Association,

Criteria:

1. Applicant must be a Midland County resident.
2. Applicant must be a registered MSA player.
3. Applicant must have a certified birth certificate on file.
4. Applicant must demonstrate positive-impact involvement on his/her team.
5. A Parent/Guardian must volunteer 8 hours back to MSA (8hrs/player).
 - Work at fields
 - Coach a team
 - Become a Referee
 - Turkey Shootout
 - Other

Application Process:

Parent/Guardian must submit the following items:

1. Copy of the current year household income tax.
2. Completed application form (if handwritten, please print legibly)
3. Brief explanation of why the financial aid is needed.

Deadline for the application is **Wednesday, July 1, 2026, by 12:00 PM.** Applications postmarked after this date will not be considered.

Please mail or submit application in person to:

**Midland Soccer Association
Financial Aid Program
3500 N. "A" St. #1400
Midland, TX, 79705**

Or scan and Email application to: info@midlandsoccer.org

Please type or print. If your application is illegible, it will not be accepted.

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|--|---|
| Player Last Name: _____ | Player First Name: _____ |
| Street Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Phone Number: _____ | |
| Email Address: _____ | |
| Date of Birth: _____ | Grade: _____ |
| Current School: _____ | Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Is the player currently registered with MSA? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Name of Parent/Legal Guardian: _____ | |
| Address of Parent/Legal Guardian: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Father Employer: _____ | Phone: _____ |
| Mother Employer: _____ | Phone: _____ |
| Number of family members in household including parents: _____ | |
| Annual Household Income: _____ | |
| Names of other players in household registered with MSA: _____ | |
| Select a Volunteer Role: | |
| <input type="checkbox"/> Work at fields <input type="checkbox"/> Coach a team <input type="checkbox"/> Become a Referee <input type="checkbox"/> Turkey Shootout <input type="checkbox"/> Other (please specify) _____ | |

The following must be attached to this application for it to qualify to be reviewed and considered by the MSA Board. NO EXCEPTIONS.

- Current copies of household income tax forms
- Copy of Birth Certificate

Please make sure you have completed the following:

- All questions have been answered or “NA” entered
- Brief explanation of why financial aid is needed (pg. 3)
- Signed and dated (pg. 3)

STATEMENT OF ACCURACY

I hereby affirm that all of the information provided is true and correct to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal.

WAIVER OF CONFIDENTIALITY

I wave all rights of confidential information disclosed to Midland Soccer Association. I further understand that any information provided in this form may be shared with entire board members of the sponsoring financial aid.

I have read and understand the foregoing rights and waivers.

Signature: _____ **Date:** _____

Brief explanation of why financial aid is needed:

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REMEMBER

The deadline for this application to be received in the MSA office is **Wednesday, July 1, 2026, by 12:00 PM. NO EXCEPTIONS.**

FOR OFFICE USE ONLY:

Approved by: _____ **Amount:** _____ **Date:** _____