

Mid State Soccer League
Youth Referee Mentoring Program
Application for Stipend Payment

Instructions: Each youth referee program participant and each mentor should submit this form jointly at the end of each season for stipend payment. Two games (or 4 "halves" if desired) must be mentored in each phase. Fill in the appropriate Phase section(s) and mail to: MSSL, PO Box 16371, Chapel Hill, NC 27516.

YOUTH PARTICIPANT

Name: _____ Local Soccer Association: _____
Address: _____

Email: _____

Phase I

I am applying for my \$40 Phase I grant: _____ Mentor's Name: _____
1st Date: _____ 2nd Date: _____

Phase II

I am applying for my \$40 Phase II grant: _____ Mentor's Name: _____
1st Date: _____ 2nd Date: _____

I am applying for reimbursement for my re-certification clinic:
Date: _____ Amount: \$ _____

Phase III

I am applying for my \$40 Phase III grant: _____ Mentor's Name: _____
1st Date: _____ 2nd Date: _____

MENTOR PARTICIPANT

Name: _____ Local Soccer Association: _____
Address: _____ Referee Assigner: _____

Email: _____ Today's Date: _____

I certify that I have completed the mentoring process as outlined in the MSSL website and have covered the applicable areas of discussion with my assigned youth referee participant.

Signature: _____

Phase I

I am applying for my \$50 Phase I grant: _____ Youth's Name: _____
1st Date: _____ 2nd Date: _____

Phase II

I am applying for my \$50 Phase II grant: _____ Youth's Name: _____
1st Date: _____ 2nd Date: _____

Phase III

I am applying for my \$50 Phase III grant: _____ Youth's Name: _____
1st Date: _____ 2nd Date: _____