Pleasanton Girls Soccer Association

APPLICATION FOR FINANCIAL AID FOR COMPETITIVE PLAYER'S CLUB DUES

CONFIDENTIAL

OFFICE USE ONLY
Application #_____
Team:_____
Approved Date:_____
Denied Date: _____

Today's Date:		
PLAYER INFORMATION		
Player's Last Name: First Name:		Birth Date:
Address:	City:	Zip Code:
Team Name:		
ADDITIONAL PLAYER REQUESTING FINANCIAL AID		
Player's Last Name: First Name:		Birth Date:
Address:	City:	Zip Code:
Team Name:		
MOTHER/GUARDIAN INFORMATION		
Last Name: First Name:		
Address (If different than above):	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
FATHER/GUARDIAN INFORMATION		
Last Name: First Name:		
Address (If different than above):	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
ASSESSMENT OF NEED		
Please state your reason(s) for requesting financial aid:		
Is your current financial situation temporary or permanent? Please explain:		
How many people in your household? (This includes children, adults and adult children living in the household):		

Do you own or rent your home? ☐ Own ☐ Rent

The following documents must be submitted:

- 2024 Tax Return
- 2024 W-2s and/or 1099s
- Current pay stubs

How much of the PGSA Club dues can you pay?	How many years has your family been a member of PGSA?
Have you ever been a volunteer for PGSA? ☐ Yes ☐ No	If yes, please explain:

We ask that all participating parents volunteer for PGSA for a *minimum of 10 hours per season.* In which position(s) are you committed to help?

- ☐ Opening Day Parade
- ☐ Rec Age Group Coordinator
- ☐ Orange & Gold Gala Event
- ☐ Club Event Support
- ☐ Rec Head Coach
- ☐ Rec Assistant Coach
- ☐ RAGE Tournament Support
- ☐ RAGE Wear Sales
- ☐ Volunteer Referee
- ☐ Field Sweeping
- ☐ Rec Program Marketing
- ☐ Other _____

TERMS OF PGSA FINANCIAL AID POLICY

The PGSA Financial Aid Committee meets as needed to process applications. PGSA reserves the right to discontinue financial aid at any time if the information provided is inaccurate. Partial aid may be awarded based on the decision by the PGSA Financial Aid Committee.

Financial aid will **NOT** cover the following items:

- Game and practice uniforms
- Traveling costs (separate application)
- Private lessons
- Tournament costs
- Club registration

I (we) the applicant(s) have read and agree to the terms of the PGSA financial aid policy and any requirements outlined in this application. I (we are) am requesting that (player's name(s)) _____ be placed on aid status with PGSA.

Everything I (we) have stated in this application is true. I (we) understand that you will retain this application. I (we) agree to answer questions and supply any additional information that the PGSA Financial Aid Committee requests.

I (we) hereby request financial aid from PGSA:

Mother/Guardian Signature	Print Name	Date
Father/Guardian Signature	Print Name	Date

Submit the following to the address listed below, OR scan and email to books@pleasantonrage.org

1) **Your signed and completed application**
2) **The first 2 pages of your 2024 Federal Tax Return & 1099s and/or W-2s**
3) **Current pay stubs, or, if self-employed, an income statement**

All information will be held in the strictest confidence.
Please direct any questions to: books@pleasantonrage.org

PGSA Financial Aid Committee P.O. Box 885 Pleasanton, CA 94566

FOR PGSA FINANCIAL AID COMMITTEE ONLY

Date Application Received: _____ **Approved For $** _____

Denied, Reason: _____

Signature: _____ **Print Name:** _____

Signature: _____ **Print Name:** _____

Signature: _____ **Print Name:** _____

Date Review Completed: _____ **Family Informed of Result On Date:** _____

Method: Phone Call/Email/US Mail/In Person: _____ **By:** _____ **Date:** _____