



# Pleasanton Girls Soccer Association

## APPLICATION FOR FINANCIAL AID

CONFIDENTIAL

**OFFICE USE ONLY**  
 Application # \_\_\_\_\_  
 Team: \_\_\_\_\_  
 Approved Date: \_\_\_\_\_  
 Denied Date: \_\_\_\_\_

Today's Date:		
<b>PLAYER INFORMATION</b>		
Player's Last Name:	First Name:	Birth Date:
Address:	City:	Zip Code:
Team Name:		
<b>ADDITIONAL PLAYER REQUESTING FINANCIAL AID</b>		
Player's Last Name:	First Name:	Birth Date:
Address:	City:	Zip Code:
Team Name:		
<b>MOTHER/GUARDIAN INFORMATION</b>		
Last Name:	First Name:	
Address (If different than above):	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
<b>FATHER/GUARDIAN INFORMATION</b>		
Last Name:	First Name:	
Address (If different than above):	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
<b>ASSESSMENT OF NEED</b>		
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 participate in the Free Lunch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent
Have you completed the prior year IRS Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Income Tax was, or will be filed for the prior year? Please check box below: <input type="checkbox"/> IRS 1040 <input type="checkbox"/> 1040EZ	
<b>If you have not filed your IRS Tax Return</b> , please provide your estimated adjusted gross income for the prior year: Please provide a copy of 1099s or W2 forms to provide total income for the prior year.	
<b>TERMS OF PGSA FINANCIAL AID POLICY</b>	
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 <b>NOT</b> cover the following items:	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Game and practice uniforms</li> <li><input type="checkbox"/> Traveling costs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Private lessons</li> <li><input type="checkbox"/> Tournament costs</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Rec Coach</li> <li><input type="checkbox"/> College Showcase Tournament</li> <li><input type="checkbox"/> Kick-a-Thon</li> <li><input type="checkbox"/> RAGE Wear Sales</li> <li><input type="checkbox"/> Referee</li> <li><input type="checkbox"/> Other _____</li> </ul>	
<b>TERMS OF PGSA FINANCIAL AID POLICY</b>	
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) 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:**

- 1) **Your signed and completed application**
- 2) **The first 2 pages of your prior year Federal Tax Return & 1099s**
- 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: [treasurer@pleasantonrage.org](mailto:treasurer@pleasantonrage.org)

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

<b>FOR PGSA FINANCIAL AID COMMITTEE ONLY</b>	
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: _____