



Pleasanton Girls Soccer Association

APPLICATION FOR FINANCIAL AID

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 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's IRS Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Income Tax was, or will be filed for the prior year? Check box below: <input type="checkbox"/> IRS 1040 <input type="checkbox"/> 1040EZ	Please submit the following documents: <ul style="list-style-type: none"> Most current tax return Other proof of income (pay stubs)

If you have not filed your prior year's IRS Tax Return, please provide your estimated adjusted gross income for the prior year:
Please provide a copy of 1099s or W-2 forms to provide total income for the prior year.

How much of the PGSA team training fee can you pay?	How many years has your family been a member of PGSA?
Have you ever been a volunteer for PGSA? <input type="checkbox"/> Yes <input type="checkbox"/> 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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Opening Day Parade
<input type="checkbox"/> Rec Age Group Coordinator
<input type="checkbox"/> Orange & Gold Gala Event
<input type="checkbox"/> Club Event Support
<input type="checkbox"/> Rec Head Coach | <input type="checkbox"/> Rec Assistant Coach
<input type="checkbox"/> RAGE Tournament Support
<input type="checkbox"/> RAGE Wear Sales
<input type="checkbox"/> Volunteer Referee | <input type="checkbox"/> Field Sweeping
<input type="checkbox"/> PCA Sign Coordinator
<input type="checkbox"/> Rec Program Marketing
<input type="checkbox"/> 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:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> Game and practice uniforms Traveling costs | <ul style="list-style-type: none"> Private lessons Tournament costs | <ul style="list-style-type: none"> 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 prior year's 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**

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: _____



Pleasanton Girls Soccer Association ADDENDUM TO APPLICATION FOR FINANCIAL AID

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FINANCIAL NEED OR INCOME DISRUPTION DUE TO THE CORONAVIRUS

We are aware that many families have suffered unusual income losses due to the novel coronavirus. If you are requesting financial aid due to this circumstance, please complete the Financial Aid Application **AND** this additional Addendum to the application explaining the change in your income status.

ASSESSMENT OF NEED

Have you been furloughed, laid off, or had a reduction in income due to Covid-19?

What employment/job was lost, or has had reduced hours and/or pay due to Covid-19?

In what industry were you working?

Is this the sole income of the family? Yes No

What percentage of the family income has been lost?

Do you anticipate returning to your job, or to your previous hours and pay? If so, when?

Please give any additional information to help us understand your financial situation:

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

Financial information from 2020 is still required.

If your 2020 Tax Return is not complete, please provide a copy of your 2020 1099s or W-2 forms, and your last paystub from 2021.

If you are self-employed, please provide a copy of your 2020 Profit and Loss statement as well as a year-to-date statement for 2021.