



Pleasanton Girls Soccer Association

APPLICATION FOR FINANCIAL AID FOR COMPETITIVE PLAYER'S TRAVEL EXPENSES

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:		
EVENT INFORMATION		
Event For Which You Are Requesting Aid:		
Location of the Event:	Event Date:	
MOTHER/GUARDIAN INFORMATION		
Last Name:	First Name:	
Employer:	Salary:	
Cell Phone:		
Email:		
FATHER/GUARDIAN INFORMATION		
Last Name:	First Name:	
Employer:	Salary:	
Cell Phone:		
Email:		
ASSESSMENT OF NEED		
Please state your reason(s) for requesting financial aid for travel:		
Amount of aid requested:		
The following documents must be submitted:		
<ul style="list-style-type: none">• Current pay stubs		

How much of the travel expenses 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 6 hours per season*. In which position(s) are you committed to help?

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

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.

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

- Airfare
- Parent travel expenses
- Tournament merchandise

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.

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 for travel expenses 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) **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: _____