



# 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:		
<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 own or rent your home?  Own  Rent

- The following documents must be submitted:
- 2022 Tax Return
  - 2022 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? <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 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. 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
- Private lessons
- Club registration
- Traveling costs (separate application)
- Tournament costs

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, OR scan and email to [books@pleasantonrage.org](mailto:books@pleasantonrage.org)**

- 1) **Your signed and completed application**
- 2) **The first 2 pages of your 2022 Federal Tax Return & 1099s and/or W-2s**
- 3) **Current pay stubs, or, if self-employed, an income statement**

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

**All information will be held in the strictest confidence. Please direct any questions to: [treasurer@pleasantonrage.org](mailto:treasurer@pleasantonrage.org)**

**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: \_\_\_\_\_