



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 (max \$500): _____

The following documents must be submitted:

- 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: |
| <p>We ask that all participating parents volunteer for PGSA for a <i>minimum of 6 hours per season</i>. In which position(s) are you committed to help?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <input type="checkbox"/> Rec Assistant Coach <input type="checkbox"/> RAGE Tournament Support <input type="checkbox"/> RAGE Wear Sales <input type="checkbox"/> Volunteer Referee </div> <div style="width: 30%;"> <input type="checkbox"/> Field Sweeping <input type="checkbox"/> Rec Program Marketing <input type="checkbox"/> Other _____ </div> </div> | |
| TERMS OF PGSA FINANCIAL AID POLICY | |
| <p>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.</p> <p>Financial aid will NOT cover the following items:</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none">Airfare <ul style="list-style-type: none">Parent travel expenses <ul style="list-style-type: none">Tournament merchandise </div> | |
| <p>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.</p> <p>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.</p> <p>I (we) hereby request financial aid for travel expenses from PGSA:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____ Mother/Guardian Signature</p> <p>_____ Father/Guardian Signature</p> </div> <div style="width: 30%;"> <p>_____ Print Name</p> <p>_____ Print Name</p> </div> <div style="width: 30%;"> <p>_____ Date</p> <p>_____ Date</p> </div> </div> | |

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: _____ |