

PASC Financial Assistance Application



Family Information

Player's Name: _____ Team: _____

Mother's Occupation: _____ Employer: _____

Father's Occupation: _____ Employer: _____

Annual Gross Family Income: _____ Total Household Members: _____

Please describe in detail the nature of your hardship (job loss, long-term disability, etc.), and if you participate in any other need-based government programs (e.g., school lunch program, home heating assistance, etc.):*

*Proof of hardship/participation in programs may be required before assistance is granted.

To the best of my knowledge, all of information in this application is complete and accurate. I understand it is the responsibility of each family receiving financial assistance from the Club to reciprocate by volunteering time to the Club and its teams' activities. I also understand Financial Assistance applications must be made, reviewed and approved each season and are not automatically renewable.

Signature: _____ Date: _____
Parent/Guardian

PASC does not discriminate on the basis of sex, race, color, religion or national origin.

THIS SPACE BOX RESERVED FOR CLUB USE ONLY

Approved By: _____
PASC

Statement

- I. A goal of the Parkland Area Soccer Club (PASC) is to provide a quality soccer program for our area's youth at a reasonable cost. While we believe that our Club registration fees are very competitive, we recognize that for some families the fee is prohibitive. We do not want interested, qualified players denied a chance to improve their soccer skill and develop to the best of their ability because of cost. To this end, we offer assistance to qualifying families.
- II. Each assistance request is considered on a per season basis for Club registration fees only. No assistance is offered for other expenses, including uniform and travel fees (tournament, etc.). ***In addition, parents of assistance applicants are expected to provide volunteer time to PASC during the season for which the assistance is granted. Failure to do so will be considered a factor in any subsequent requests for assistance.***
- III. Confidentiality: All application information is for the sole purpose of helping the Club to make an informed decision on applicant's request. These assistance requests are strictly confidential and will not be shared with anyone other than the PASC Board and other key volunteers involved in the enabling of the registration process.

Procedure

- I. A Financial Assistance Application form must be completed for each player when registering for the upcoming PASC season. All requested information must be provided, or your request will be denied. The completed application should be mailed to Parkland Area Soccer Club, PO Box 462, Orefield, PA 18069
- II. The application shall be submitted to Executive Board for approval.
- III. Any application not approved must be presented to the full PASC Board for review.
- IV. The Club Registrar or an Executive Board Member will notify the applicants of the Board's decision.