



FINANCIAL AID APPLICATION

Plant City Area Soccer Club, Inc. (PCFC) grants financial aid based on need and available funds. Please complete this application form so that we can fairly evaluate our various members' needs.

PLAYER INFORMATION

PLAYER'S NAME: _____
DATE OF BIRTH: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEAM AGE GROUP & GENDER: _____

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1 NAME:

STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE (MOBILE, HOME, OR WORK): _____ EMAIL: _____
EMPLOYER: _____ JOB TITLE: _____ YEARS: _____
INCOME: _____

PARENT/GUARDIAN #2 NAME:

STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE (MOBILE, HOME, OR WORK): _____ EMAIL: _____
EMPLOYER: _____ JOB TITLE: _____ YEARS: _____
INCOME: _____

Please list any other children in your family who are registered with Plant City FC:

PLAYER'S NAME: _____
DATE OF BIRTH: _____
TEAM AGE GROUP, GENDER & NAME: _____

PLAYER'S NAME: _____

DATE OF BIRTH: _____

TEAM AGE GROUP, GENDER & NAME: _____

Level of Financial Aid requested: 25% , 50% , 75% , 100%

In the past year did your family receive financial aid from any of these programs?

Free or reduced price school lunch.

Financial aid for school or other sports organizations (please specify)

Registration payments can be made with monthly installments. If this still does not help your current financial situation please briefly explain why you are requesting financial aid. Please add additional sheets if necessary.

We ask members to help support PCFC through volunteering. In which areas are you committed to help during the season?

Field Marshal Coach Assistant Coach Team Manager Fund Raising

Tournament Help Concessions Other (please specify) _____

Please complete this application in full and include the following documents:

- A copy of the first two pages on your current years' filed federal tax return, along with copies of your W-2s.
- Any additional documentation that will demonstrate a need for financial aid.

All information provided with this application will be strictly confidential.

Please return this application with supporting documentation either at a practice, via email (pcfclancers@gmail.com) or mail to: P.O. Box 3479, Plant City, FL 33563

Plant City Area Soccer Club, Inc. has limited funds available for financial aid. Your honesty in completing this application will ensure that these funds are allocated to those families most in need.

Everything stated in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____