

PVSC Soccer Financial Assistance Request Form

In order to accurately determine need and allocate the limited financial assistance funds of the Portneuf Valley Soccer Club, you must complete the following application form.

Priority consideration will be given to applications received by the stated registration deadlines and to those residing within PVSC boundaries. Anyone requesting more than 25% of a players fees may be required to meet with the Financial Assistance Committee and provide additional financial and other information. **An initial deposit is required and non-refundable.** The initial deposit, fees, and financial assistance money available may vary from year to year. All information is confidential.

1. Child's Name: _____ Amount Requested: _____
2. Age/Division: _____
Date of Birth: _____ Gender: _____
3. Parent(s)Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Email: _____
4. Please state your reason(s) for applying for soccer fee assistance including any special circumstances of which this committee should be aware: _____

5. Does anyone in your family receive free or reduced lunch? _____ if yes please attach a copy.
6. What is your average household income? _____
(If parents are not living in the same home please include income for both parents)
7. Has anyone in your family received a player financial assistance in the past? _____
If so, please provide the date(s), player name, and amount of financial assistance(s): _____

FINANCIAL ASSISTANCE VOLUNTEER CLAUSE: If financial assistance is provided, you as the parent/guardian are required to volunteer up to 4 hours in support of PVSC, which may include setting up or taking down nets, helping clean up or maintain fields, and other activities as needed by the PVSC or your child's team. If you do not complete your volunteer work or your child does not participate in practice and games at least 75% of the season you will have to reimburse PVSC the amount of the financial assistance awarded and will be denied financial assistance in the future.

Please initial here _____ that you have read and understand the Financial Assistance Volunteer Clause.

If financial assistance is approved, it is understood the PVSC will pay only toward the player registration fees. Other expenses including those for players participating in the Select Team programs or Competitive teams will be the responsibility of the parent/guardian. Financial assistance awarded may be up to 25% of registration fees unless special circumstances are presented to the Financial Assistance Committee and then they may be up to 100% the first season and reduced by 25% or more each subsequent season. The Financial Assistance Committee, on a case-by-case basis, will review special circumstances.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY-updated 11/2018

APPROVED: _____ YES _____ NO AMOUNT: _____ DATE OF NOTIFICATION: _____