

**Piedmont Soccer Alliance**  
**Financial Aid Application**

**Return to:**      **President**  
                      **PSA**  
                      **550 Hedgecock Rd**  
                      **High Point, NC 27265**

**Player's Name:**

\_\_\_\_\_

	<b>Last</b>	<b>First</b>	<b>Middle</b>
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**Initial**

**Address:**

\_\_\_\_\_

**Street**

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	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Telephone:**

\_\_\_\_\_

	<b>Home</b>	<b>Mother's Work</b>	<b>Father's</b>
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**Work**

**Team Assigned:** \_\_\_\_\_

**Amount of Aid Requested:**

\_\_\_\_\_

**Instructions:**

- 1. Attach a copy of last year's state and federal income tax forms including W-2's for all employed family members. Include all social security payments and payments for disability. Attach a copy of the 1040 to show number of exemptions claimed.**
- 2. Attach a copy of any court orders regarding financial responsibility for the player. (For example: divorce papers)**
- 3. Please add any additional information regarding the family's financial obligations which will help the committee with their decision. (Attach additional information if necessary.)**

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**You are responsible for ensuring that all required forms have been included with your application. Incomplete applications will be rejected.**

**I certify that all materials supplied and statements made in connection with my submission of this application are true to the best of my knowledge.**

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**Signature**

**Date**

**This application is confidential. You will be notified after the PSA Scholarship Committee reviews your application, regarding the decision of the scholarship committee. There is a limited amount of money available for scholarships and a committee will review all applications and award funds on the basis of need.**

