



Phoenixville Area Soccer Club

Financial Aid Application

Please complete, sign, scan and email this form to: socceraid@phoenixvillesoccer.org

Family Information (Please complete each box)			
Player Name		Guardian Name	
Address		City, Zip	
Contact phone		Contact Email	
Player Info	Player Date of Birth / /	Player Gender M / F	School _____
Program Applying For (please select from EACH column)			
Fall <input type="checkbox"/>		Pee Wees <input type="checkbox"/>	Suburban <input type="checkbox"/>
Spring/Summer <input type="checkbox"/>		Intramural <input type="checkbox"/>	
Winter <input type="checkbox"/>		Travel <input type="checkbox"/>	
Financial Information			
Player Currently Qualifies For (proof of eligibility required)		Free Lunch <input type="checkbox"/>	
		Reduced Lunch <input type="checkbox"/>	
Extenuating Circumstances (Applicants who do not qualify for free or reduced lunch but are applying for financial aid due to some special or extraordinary circumstance can state their reasons here. Add another page if necessary.)			
Financial Aid Amount Requested:			
25% <input type="checkbox"/>		50% <input type="checkbox"/>	75% <input type="checkbox"/>
100% <input type="checkbox"/> (Recreational only)			
Or, I can pay \$_____ of the program fees. (Travel Team fees are not covered by financial aid)			
Applicant Signature _____		Date _____	
PASC Use Only			
Date Received	Date Reviewed	Amount Approved	