



PDA Florida 2016-2017 Financial Assistance Application and Guidelines

One of the many goals of the PDA Florida is to ensure that children with the desire, commitment, and ability to play soccer be afforded the opportunity regardless of financial ability.

To apply for a Financial Assistance, an applicant must:

1. Complete, sign, and date the Application form below.
2. Submit the completed Application by e-mail to clubadmin@pdaflorida.org.
Applications for the 2016 – 2017 season MUST BE RECEIVED ON OR BEFORE JULY 1st, 2016 and deposit must be paid. APPLICATIONS SUBMITTED AFTER THIS DATE OR WITHOUT PAID DEPOSIT WILL NOT BE CONSIDERED.
3. Register with PDA Florida for the 2016 – 2017 season, pay the deposit in full AND pay in full all past due amounts for 2015-2016 season owed to PDA Florida. **APPLICATIONS OF PLAYERS WHO ARE NOT FULLY REGISTERED WITH PDA Florida OR WHO ARE NOT CURRENT ON THEIR FEES OWED TO PDA Florida WILL NOT BE CONSIDERED.**

Prior to submitting your Application, please be advised of the following:

- All Applications for Financial Assistance are reviewed solely by the FA Committee (the “Committee”), and all decisions of the Committee are final.
- The Committee evaluates Applications primarily on the basis of financial need. Financial Assistance received in one year does not guarantee receipt of a future Financial Assistance award, the Committee reserves the right to give priority to returning Financial Assistance recipients who have demonstrated outstanding commitment to the Club.
- As funds for Financial Assistance are limited, not every Application will result in the granting of FA Request. FA Award may either be a full Award (which covers 100% of the remaining fees owed to PDA Florida after payment of the Deposit for the applicable season) or a partial Award (which covers a portion of the remaining fees owed to PDA Florida after payment of the Deposit for the applicable season). In the event a partial Award is granted, the recipient is responsible for paying the balance of his or her fees owed to the club on the same schedule as all other PDA Florida players.
- FA Awards in most cases will not cover the Deposit, nor do Awards cover ANY portion of players' tournament fees, league fees, personal travel expenses, coaches travel expenses, uniforms or other team fees. All such fees are solely the responsibility of the player.
- Applicants will be notified of the Committee’s decision on or before July 15th, 2016.

The granting of FA Awards is subject to the discretion of the Committee, and PDA Florida is under no legal obligation to provide any financial assistance to any player. PDA Florida is free to discontinue this policy at any time, though PDA Florida will honor any commitment previously made to a player.

Inquiries concerning the FA Program should be directed to the Program Administrator at clubadmin@pdaflorida.org.



PDA Florida Financial Assistance Application

Player's Name _____

Player's Date of Birth: ____/____/____

Age group for 2016-2017: **U**____ Boys(____) Girls (____)

Mother's/Guardian's Name _____

Employer _____

Father's/Guardian's Name _____

Employer _____

Player's Mailing Address _____

City/State/Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Financial Aid Requested:

Cost of Program \$ _____ Amount You Are Requesting to Pay \$ _____

Number of dependents (children living in the home who are under the age of 18): _____

CURRENT ANNUAL HOUSEHOLD INCOME (REQUIRED): \$ _____

Documents for Proof of Income included (Required):

_____ Copy of previous year's household income tax return

AND any of the following (IF applicable, please check all that apply):

_____ Eligibility letter for free/reduced school lunch;

_____ Food Stamps; Social Security Income; Medicaid.

If there are additional family circumstances that should be considered, please detail further below:



(Attach additional pages as needed)

I understand that applying for FA Award does not guarantee that I will receive a FA Award. I certify that the above information is correct and true to the best of my knowledge.

I understand that any FA Award granted to this Applicant depends upon satisfying the following conditions:

- Applicant/FA Award Recipient will be regular in attendance at his/her team’s training sessions, games tournaments and events; and
- Applicant/FA Award Recipient will be required to participate in all fundraising events and activities and initiatives; and
- A Parent/Guardian on behalf of Applicant/FA Award Recipient will be required to fulfill volunteer hours during the year.

Parent/Guardian Signature _____ Date _____

Relationship to Player: _____

Submit Application to the FA Program Administrator by e-mail at clubadmin@pdaflorida.org or mail it to:

PDA Florida
PO Box 352493
Palm Coast, FL 32135

For Office use only:

Date Application Received: ____/____/2016

Date Deposit Paid: ____/____/2016

Deposit Amount: \$ _____