Financial Aid Program

For the 2026–2027 season, Lower Dauphin Soccer Association (LDSA) / PA Classics Harrisburg will have a limited amount of financial assistance available for families experiencing financial hardship to help offset their child's club program fees. To ensure that financial assistance can be extended to as many families as possible, eligible recipients may receive up to 50% of the club program fees in financial aid. Financial aid **does not** apply to the required registration/commitment fee, mls next registration fee, uniform costs, or any travel expenses associated with participation.

Application Process - Please complete the attached form in its entirety and include all required information. Incomplete submissions will not be considered or reviewed. To submit your application and requested information via email as follows:

- All completed documents and requested forms should be submitted in one email
- Please title the email - “Financial Aid Application” and note the player’s name
- Email should be sent to COM@PAChbg.com

LDSA will review and provide a response (either request for additional information or award decision) within 30 days of receipt of a complete application packet. Applications for Financial Aid will be accepted on a rolling basis throughout the season until all available Financial Aid has been depleted

**The LDSA Executive Board reserves the right to request additional income verification documentation before completing its review and making a determination on any financial aid request. Information obtained from this application and/or the income verification process shall remain confidential to the extent necessary to effectively administer the program and will be reviewed only by the LDSA Executive Board.*

Volunteer Requirement - As a condition of receiving financial assistance, we require that one adult from the family volunteer as a Field Marshal at both of our club-hosted tournaments during the season: the Coppa Classico Tournament (October 10–11, 2026) and the Spring Warm Up Tournament (March 13–14, 2027). Volunteers will be scheduled by tournament staff

to work both Saturday and Sunday of each tournament. Families should plan for approximately 15–20 volunteer hours over the course of the Coppa Classico Tournament weekend and approximately 15 volunteer hours during the Spring Warm Up Tournament weekend.

These tournaments serve as important fundraisers for our club and help us keep program costs as low as possible while allowing us to provide financial assistance to families in need. Field Marshal responsibilities are straightforward and include remaining at an assigned field throughout the day, recording game scores, contacting trainers if medical assistance is needed, notifying tournament staff of any issues that arise, and providing general support to ensure the event runs smoothly. Volunteer assignments, including location and schedule, will be provided approximately one week prior to each tournament once the game schedule has been finalized and staffing needs have been determined. While we make every effort to assign volunteers to the same complex where their child is playing, if applicable, this cannot be guaranteed. Parents should plan accordingly when making arrangements for tournament weekends.

Please understand that failure to fulfill the complete tournament volunteer commitment as scheduled will result in the immediate forfeiture of the financial assistance awarded. In such cases, the full amount of the program fee reduction previously provided through financial aid will become the immediate financial responsibility of the family. Payment will be required in accordance with the financial agreement accepted during registration, and the outstanding balance must be paid promptly to keep the account in good standing and current (within 30 days).

As part of the financial assistance application process, applicants must acknowledge and agree to the full tournament volunteer requirement. Financial assistance is contingent upon completing all assigned volunteer shifts at the dates, times, and locations provided by the club. Because tournament staffing is critical to the success of these events, volunteers are expected to fulfill their assigned responsibilities as scheduled, and shift cancellations or substitutions cannot be accommodated.

Families should carefully consider this commitment before accepting financial assistance. If the volunteer obligation is not completed in its entirety, the financial assistance awarded to the player will be revoked, and the associated balance will become due immediately, without exception.

2026–2027 Financial Assistance Application

Lower Dauphin Soccer Association (LDSA) / PA Classics Harrisburg is committed to providing opportunities for children to participate in our programs regardless of financial circumstances. A limited amount of financial assistance is available each season to families demonstrating financial need. All information provided will be kept confidential and used solely to determine eligibility for financial assistance.

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PLAYER INFORMATION

Player Name: ____

Date of Birth: ____

Player Address: ____

Team/Age Group (if known): __________________________________

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PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name:

____

Parent/Guardian #1 Address:

____

____

City: ______________________ **State:** _______ **Zip:** __________

Parent/Guardian #1 Primary Phone: _____

Parent/Guardian #1 Email Address: _____

Parent/Guardian #1 Employer(s): _____

Parent/Guardian #2 Name:

_____

Parent/Guardian #2 Address:

_____

_____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian #2 Primary Phone: _____

Parent/Guardian #2 Email Address: _____

Parent/Guardian #2 Employer(s): _____

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HOUSEHOLD INFORMATION

Total Number of Individuals in Household (as reported on 2025 tax form): _____

Number of Dependent Children (as reported on 2025 tax form): _____

Number of Children Participating in LDSA/PA Classics Harrisburg Programs:

_____

Do both Parents/Guardians reside in the same household: _____

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FINANCIAL INFORMATION

Please provide the following information for all members of the household who contribute to the family's income.

Total Annual Household Income: $_____

Are you a single income or multiple income family: _____

Source(s) of Income (check all that apply):

☐ Employment Income

☐ Self-Employment Income

☐ Unemployment Benefits

☐ Child Support

☐ Social Security Benefits

☐ Public Assistance

☐ Disability Benefits

☐ Other: _____

Estimated Gross Family Income for 2026: _____

Adjusted Gross Income from 2025 tax return (Form 1040, Line 37):

_____

*****Please note, the Financial Assistance Committee may require income verification documentation before completing its review and making a determination on any financial aid request. Information obtained from this application and/or the income verification process shall remain confidential to the extent necessary to effectively administer the program and will be reviewed only by the LDSA Executive Board.*

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STATEMENT OF NEED

Please detail your family's circumstances and why financial assistance is being requested. Is it a temporary or permanent need? Include any special circumstances you would like the Financial Assistance Committee to consider. ***Please note that this section will be heavily considered by the Financial Assistance Committee when making their decisions.***

VOLUNTEER COMMITMENT ACKNOWLEDGMENT

As a condition of receiving financial assistance, one adult from the family agrees to serve as a Field Marshal at both club-hosted tournaments during the 2026–2027 season:

• Coppa Classico Tournament – October 10–11, 2026

• Spring Warm Up Tournament – March 13–14, 2027

Volunteer assignments will be scheduled by tournament staff and provided approximately 1 week before the tournament and will include assignments on both Saturday and Sunday of both events. Families should anticipate approximately 15–20 volunteer hours during the Coppa Classico Tournament and approximately 15 volunteer hours during the Spring Warm Up Tournament. The volunteering Parent/Guardian is not guaranteed to be scheduled at the same facility that their child is playing and should make arrangements accordingly.

I understand that financial assistance is contingent upon fulfilling the complete volunteer commitment as scheduled. Failure to complete the assigned volunteer obligation as scheduled will result in the revocation of financial assistance, and the amount of the fee reduction previously awarded will become immediately due in accordance with the club's financial agreement.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

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CERTIFICATION AND AGREEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in the denial or revocation of financial assistance.

I understand that submission of this application does not guarantee an award of financial assistance and that all awards are subject to available funding and club approval.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

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FOR CLUB USE ONLY

Date Application Received: _____

Additional Documentation Needed: _____

Approved: ☐ Yes ☐ No

Percentage Awarded: _____

Committee Representative: _____

Date of Decision: _____

Notes:

_____

_____

CONFIDENTIAL