

PLAYER FINANCIAL ASSISTANCE APPLICATION

(To be completed by parent/guardian child is living with)
(One application per player)

Financial assistance is potentially available to players who otherwise could not afford the fees associated with joining a Plattsburgh F.C. Soccer Club team. It is the goal of Plattsburgh F.C. that all youth soccer players that are interested and highly committed to participating in PFC's travel soccer program not be denied because of financial circumstances.

Complete this application in its entirety and mail it to the address provided above.
This application will remain confidential.

Player's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian's Name: _____

Father/Guardian's Email: _____ Phone: _____

Father/Guardian's Place of Employment: _____ Occupation: _____

Mother/Guardian's Name: _____

Mother/Guardian's Email: _____ Phone: _____

Father/Guardian's Place of Employment: _____ Occupation: _____

Player's School: _____ Grade: _____

Year's played with PFC: _____ Team for this year: _____

Amount family can contribute: _____ Amount of assistance being requested: _____

Player lives with: ☐ One Parent ☐ Both Parents ☐ Other _____

Dependants Living in household:(Include name, age, relationship) _____

Gross Family Income: (Circle one)

Under \$15,000 \$25,000-\$35,000 \$45,000-\$55,000 \$65,000-\$75,000 \$15,000-\$25,000 \$35,000-\$45,000 \$55,000-\$65,000 Over \$75,000

Are you receiving Federal or State assistance such as AFCD, Social Secutring, SSI and/or food Stamps: ☐ Yes ☐ NO

If Yes, What Type: _____

Is the applicant receiving child support payments? ☐ Yes ☐ NO

**Please continue to page 2 of 2 to complete the
Player Financial Assistance Application**



**PLATTSBURGH
FOOTBALL CLUB**
P.O. Box 2013,
Plattsburgh, NY 12901
infopfcsooccer@gmail.com

PLAYER FINANCIAL ASSISTANCE APPLICATION

Page 2 of 2

Please advise the basis of your financial assistance request in the space below to support your application.

Particular circumstances, which make financial help necessary such as medical bills, unemployment, needs of several children, etc...

Add additional sheet(s) if needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the paper.

I understand this information will be kept confidential and will only be reviewed by authorized P.F.C. Board Members who are on the Scholarship Committee in deciding financial assistance.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

ALL APPLICANTS ARE REQUIRED TO PAY CDYSL REGISTRATION FEE

Application should be emailed to infopfcsooccer@gmail.com no later than January 1st of each year!

Families are still responsible for uniforms and all travel costs such as gas, hotels, food, etc...

FOR OFFICE USE ONLY

Financial Award Granted:_____ Date: _____

Signature



PLATTSBURGH FOOTBALL CLUB

P.O. Box 2013,
Plattsburgh, NY 12901
infopfcsooccer@gmail.com