Plantation Eagles FC

Financial Aid Policy

Plantation Eagles FC shall provide a player ﬁnancial aid fund. This fund shall provide ﬁnancial support to players who may need such assistance to play for Plantation Eagles FC.

Financial Aid Committee

A Plantation Eagles FC Financial Aid Committee shall administer funds to support members who

qualify for ﬁnancial aid.

Financial Aid Criteria

Financial Aid will be awarded based on qualiﬁcation criteria set by the Committee. Qualiﬁcation criteria will generally track published Federal poverty guidelines based on gross monthly income and family size. It may include other criteria as determined by the Committee such as the Broward County guidelines for the free and reduced lunch program. The number of awards will be determined by the number of qualiﬁed applications and the amount of funds available.

Financial Aid Award

The award will be applied towards the player’s registration costs. The recipient’s family is required to cover the remaining balance with a payment plan to be set up immediately with the club bookkeeper.

Application Process

Application forms will be available on [www.plantationFC.com](http://www.plantationFC.com). Applications along with all supporting documentation (please see ﬁnancial aid application for list of documentation required), should be submitted in a sealed envelope to the team manager or a board member. In the event of a denial for ﬁnancial aid, the full registration fees are due immediately.

The Committee’s response will be communicated directly to the applicant through the

club bookkeeper.

Eligibility

To be eligible for ﬁnancial aid, players and their parents must sign the Plantation Eagles FC Player/ Parent Agreement and Financial Expectations Agreement which require, among other things, that the recipient’s family agree to participate in club events such as volunteering for the Thanksgiving Tournament.

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| Payment Default Policy |  |
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PSG is a member of the Plantation Athletic League, a non-proﬁt 501C3 corporation. Unpaid

registration fees represent funds not available to meet Club expenses. Any player delinquent in dues by 30 days or more may be notiﬁed by the Club and suspended from participating in any Club/team activity.

There will be a $25 fee added for any returned check.

The state association (FYSA) may be informed that a player is not in good ﬁnancial standing with Plantation Eagles FC. Should a player remain in default Plantation Eagles FC reserves the right to place the player in

“bad standing” which will prevent the player from playing for any FYSA affiliate.

Financial Assistance Application

This form is to be completed by a parent or guardian. Single/divorced parents must provide information and documentation for both parents, regardless of any legal arrangements or court ordered settlements. All information is conﬁdential and will be reviewed only by the Financial Aid Committee members. Return this application and veriﬁcation of income documents in a sealed envelope to the team manager or any board member. Contact the Plantation Athletic League Soccer Commissioner Lee Levenberg at [lee@plantation.com](mailto:lee@plantation.com) for additional information.

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.**Player’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

**3.**Primary email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Father’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income \_\_\_\_\_\_\_\_\_\_

6.Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_

7.Mother’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income \_\_\_\_\_\_\_\_\_\_

8.What is the gross monthly income from all other sources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.How many people live in the household and are dependent upon this income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.Does this play have any siblings with Plantation Eagles FC?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team \_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team \_\_\_\_\_\_\_\_\_

11. Please list the names of the schools that all your children attend. Show the annual tuition fees for private schools and indicate how much of a discount you are receiving, if any.

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12.Please state the reasons for your request for ﬁnancial assistance. Be sure to include any special circumstances that may not be reﬂected in this application: (use reverse side for additional explanation)

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13.What volunteer duties have you agreed to assume for your team? (check all that apply)

\_\_\_ manager \_\_\_\_ tournament rep \_\_\_\_ fundraising coordinator \_\_\_\_ treasurer \_\_\_ other

Please provide all of the following with your application:

1.Copy of last year’s IRS 1040 (income tax return)

2.Copy of the Schedule C (income tax return for self employed)

3.Copies of pay stubs or other income veriﬁcation for all sources of income for at least one full current month.

4. Veriﬁcation of Medi-Care or Food Stamps eligibility (if applicable)

5. A personal financial statement (see forms on website)

•I understand that parent participation in fundraising and volunteering for club duties is mandatory and I agree to help with team and club activities as required.

•I agree to pay the registration balance in full if I fail to meet the volunteer requirements.

•I understand that I must meet all ﬁnancial and volunteer obligations in order to be eligible for release.

•I understand that I will be responsible for all other expenses not covered by Financial Aid.

• I afﬁrm that all the information given on this application is true and correct.

Player’s Parent/Guardian Signature (Father)

Date

Player’s Parent/Guardian Signature (Mother)

Date