

**WEST PASCO FC / PERSONAL & CONFIDENTIAL**  
**Financial Assistance Application**  
**(Please complete and submit along with your child's player registration form)**

West Pasco FC offers financial assistance for approved applicants up to 50% of Club registration fee. Approved applicant's funds will be matched dollar for dollar up to approved amount upon receipt. Applicants will be required to complete one hour of Club Volunteer work for each ten dollars (\$10.00) received from the Club.

1. Applicant's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Telephone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

5. Your Employment Status:       Full Time    Part Time    Unemployed    Worker's Comp.

6. Spouse Employment Status:       Full Time    Part Time    Unemployed    Worker's Comp

7. Your Employer \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Spouse's Employer \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. Total annual income: \_\_\_\_\_

10. List ALL dependents and/or persons living in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Complete the amount of assistance requested:

A. Recreational    Number of Children \_\_\_\_\_ Amount \_\_\_\_\_

Player \_\_\_\_\_ Coach \_\_\_\_\_

Player \_\_\_\_\_ Coach \_\_\_\_\_

B. Competitive    Number of Children \_\_\_\_\_ Amount \_\_\_\_\_

Player \_\_\_\_\_ Coach \_\_\_\_\_

Player \_\_\_\_\_ Coach \_\_\_\_\_

12. Amount paid with application. \_\_\_\_\_

13. Did you receive financial aid from West Pasco FC last year? Yes  No  If yes, how many hours of volunteer work did you complete? \_\_\_\_\_

14. The Volunteer Coordinator will contact you to arrange work dates and assignments.

15. Competitive players are requested to submit a letter of recommendation from their coach and team manager along with the this application

I acknowledge that I have, in good faith, accurately reported all income sources and expenses, and have submitted all information requested in this Financial Assistance Application. Further, I consent to, and fully authorize, West Pasco FC (WPYSA), or its agents, to take whatever action it deems necessary to confirm the information submitted herein. I acknowledge that my failure to complete volunteer hours by May 1<sup>st</sup> may cancel all financial aid and place my child in "Not in Good Standing" with the Club and FYSA. All uniforms and equipment provided by West Pasco FC remain the property of West Pasco FC and are to be returned at the end of the season or upon request.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_