

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 1st 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 _____