



## Financial Assistance Application

**Parent/Guardian Name (print legibly):** \_\_\_\_\_

To be considered for Park City Soccer Club financial assistance this application must be completed, in its entirety, and submitted with the required documentation by **May 25\*** to:

**Shelley Gillwald**  
**PCSC Executive Director**  
**6300 N Sagewood Drive #H636**  
**Park City, UT 84098**

**OR by email to**  
[\*\*PCSCDirector@gmail.com\*\*](mailto:PCSCDirector@gmail.com)

**OR submitted at Tryouts HQ**

*\*Applications outside of the tryout window will be handled on a case-by-case basis, subject to the availability of funds.*

**REQUIRED DOCUMENTATION.** Applications must include:

1. **EITHER**, Proof of eligibility for free or reduced lunch at school for each child listed below,
2. **OR**, Copies of 2017 Federal Income Tax Returns for both parents/guardians (or, if filed jointly, the joint return),
3. **AND**, current month's paystubs or other verification of current monthly income for both parents/guardians

**APPLICATION.** Incomplete information may cause delay or remove your request from consideration.

**A.** How many total dependents are living in the household? \_\_\_\_\_

**B.** List the names, birth year, gender, and additional activities for all children in your family in need of PCSC financial assistance. Write *none* if your child has no other activities or obligations outside of school.

Name of Child (first and last)	Birth Year	Check Sex	Other Out-of-School Activities
		Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
		Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
		Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
		Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
		Boy <input type="checkbox"/> Girl <input type="checkbox"/>	

**C. What level of financial assistance are you applying for?**

- Level 1.** Award of \$350 - \$500\* per family participant, based on level of play and corresponding program fees. After initial registration fee of \$110, monthly payments would range from approximately \$92 - \$122 per month over 9 months. (\*U8 Academy players would receive \$250 award, with a registration fee of \$55, and 9 monthly payments of approximately \$51.)Uniform kits are additional; requests for assistance may be considered.
- Level 2.** Award of \$525 - \$750\* per family participant, based on level of play and corresponding program fees. After an initial registration fee of \$110, monthly payments would range from \$73 - \$95 per month over 9 months. (\*U8 Academy players would receive \$400 award, with a registration fee of \$55, and 9 monthly payments of approximately \$35.) Uniform kits included.
- Level 3.** Award of \$725 - \$1,000\* per family participant, based on level of play and corresponding program fees. After an initial registration fee of \$110, monthly payments would range from \$51 - \$67 per month over 9 months. (\*U8 Academy players would receive \$550 award, with a registration fee of \$55, and 9 monthly payments of approximately \$20.)Uniform kits included.

Note: High School age recipients will be given 6 months, instead of 10, to complete their monthly payment plans.

**D. Please define the family situation for each child applying for assistance from PCSC. If all children have the same family situation, write ALL under "Child First Name." Check all boxes that apply:**

Child First Name	Parents Married	Parent single	Parents Separated	Parents Divorced	If divorced/separated, is custody with Mother, Father or Joint?	Is there a step-parent or partner contributing to household income?

**E. Please describe any extenuating circumstances that would help us understand your financial need. (Feel free to write in Spanish or English):**

**F. Complete for each parent or guardian who contribute to the financial support of the children, you may write SAME if applicable. You may also include extra sheets if necessary.**

	Parent/Guardian 1	Parent/Guardian 2
Relationship to child:		
Name (First and Last)		
Home Address		
Mailing Address (if different)		
City, State, Zip Code		
Best Phone #		
Email		
Employer		
Income per year		
Length of Employment		
Additional Income: describe and cite amount		

**G. Please complete this checklist to ensure you have included all of the appropriate paperwork with your application. Incomplete applications will cause delay or will not be considered.**

Include all of these:

- Paystubs or evidence of most recent month's income
- 4 page Financial Assistance Application
- Statement of truth and accuracy signed and dated

And, one of the following:

- Proof of eligibility for free or reduced lunch at school for each child listed below,

**OR**

- Copies of 2017 Federal Income Tax Returns for both parents/guardians (or, if filed jointly, the joint return)

**H.** I attest that all statement made above are truthful and accurate. I understand that should any information submitted to Park City Soccer Club as part of this application for financial assistance be false or inaccurate, I may forfeit my scholarship and/or my membership to a team.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMITTING YOUR APPLICATION AND DOCUMENTATION:** Applicants will be informed of the status of their application prior to registration. Coaches are not aware of applications for financial assistance at tryouts. If you are offered financial assistance, you will be required to sign a Financial Assistance Contract **AND** make an initial payment of at least \$110.00 (\$55 for U8 Academy players) at registration.

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Direct questions to: Shelley Gillwald, PCSC Director, 435.901.3715 or [PCSCDirector@gmail.com](mailto:PCSCDirector@gmail.com)  
Or in Spanish to: Carmela Foote, 801.910.7337 or [carmela.foote@gmail.com](mailto:carmela.foote@gmail.com)