|  |  |  |
| --- | --- | --- |
|  | | West Palm Beach FC |
| |  | | --- | | **2022-2023 Financial Assistance** | |
|  |

Financial aid is available toward your player club registration fees. It is a need based award and not merit award. Application must be completed by parent or guardian with all requested documents submitted to Andrew Mehalko amehalko@icloud.com (Incomplete applications or those submitted will not be considered).

# Player Information Team:

## Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | |  |  |
|  | First | | Last | M.I. |
| Birth Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email |  |

## Parent/Guardian Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Name**: |  |  |  |
|  | First | Last | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Parent Name:** |  |  |  |
|  | First | Last | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email |  |

## Proof of Income

**Documents for Proof of Income Required**:

Does your family receive or qualify for any of the following govt. or school aid programs (check box)? **Attach copies of documentation (for example – tax forms) to demonstrate need.**

\_\_\_\_\_Free or reduced school lunch \_\_\_\_\_Unemployment benefits

\_\_\_\_\_Medicaid   \_\_\_\_\_Social Security income

\_\_\_\_\_Aid for dependent children (including Foster care)

Copy of previous year’s household income tax return 1040 (or international equivalent) or copy of previous two calendar years W2 and 1099 forms of reported income.

I, , agree that the information provided is true to the best of my knowledge. I understand that falsifying any information could cause player to be dismissed immediately without refund, and players who are fraudulently dismissed will not be released from financial obligations previously agreed to. I understand WPBFC Staff will review my application and all aid recipients may be required to fulfill up to 20 volunteer hours throughout the course of the seasonal year as agreed between me and the Club.

Today’s Date\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Staff Use Only: Adjusted Registration Due: $\_\_\_\_\_\_\_\_\_\_

Monthly Training Fee: $\_\_\_\_\_\_\_\_\_\_\_/month

Volunteer Hours: \_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**