



PENSACOLA FUTBOL CLUB

APPLICATION FOR PENSACOLA AREA SOCCER SCHOLARSHIP

Dear Parent or Guardian,

The Pensacola Futbol Club is dedicated in providing a quality youth soccer program in which ALL players can participate. As a member of PFC, players who have a special financial need or have severe financial hardships may apply for a Pensacola Area Soccer Scholarship (PASS). A PASS is a PFC assistance program that may waive PFC registration and monthly fees for the playing season for approved players. This program is possible only through the generosity of sponsors and contributors to PFC. Funds are limited. Final approval is made on a case-by-case basis, without regard to race, religion, creed, color, national or ethnic origin.

Please fill out the following application and return the completed form in a sealed envelope, to the appropriate PFC (Select or Recreational) League Commissioner. The application will be reviewed by the appropriate Commissioner and PFC President to verify needs, eligibility and monies available. Information on the application will remain confidential between the applicant, PFC President, and the Appropriate PFC Commissioner. The PFC Treasurer will retain approved applications for accounting purposes only. The PFC President will present recommendation to the PFC Executive Board for approval. No names will be mentioned.

PLAYER INFORMATION:

Name: _____ Team: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Employer: _____

SSN: _____ Salary: _____ Work Phone: _____

Address: _____ Spouse: _____

_____ Spouse Employer: _____

Home Phone: _____ Salary: _____ Work Phone: _____

ADDITIONAL INFORMATION: Please give details concerning your particular situation. Use back of form if necessary.

I certify that all the above information is true and correct. I understand that this information is being given for receipt of financial assistance for the purpose of satisfying the requirement for PFC registration fees; that the PFC President may verify the information on the application; and that deliberate misrepresentation of the information will subject me to disapproval of my request.

Signature of Parent/Guardian: _____ Date: _____

PFC USE ONLY: Approved Disapproved Date: Signed:

Detail of Scholarship: