



**Pennsylvania Classics AC
2024-25 Financial Aid Application Process and Application**

This form is only needed if you need your fees reduced.

If you just need your fee installments set up differently (ex: monthly) or have a third child discount, please notify the club registrar mklein@paclassics.org and no additional paperwork is necessary.

Pennsylvania Classics AC (PCSA) is making available financial aid for the 2024-25 Travel Program. Financial Aid recipients must complete the financial application below. Each Financial Aid request will be handled confidentially, and shared only with authorized club administrative staff.

Financial Aid Application Process

Financial Aid applications should be emailed to: steve@paclassics.org. Applications for Financial Aid will be accepted on a rolling basis throughout the season until all available Financial Aid has been depleted.

Financial Aid Policies

- Financial Aid is awarded to players based on financial need only.
- Financial Aid awards are revocable if any other conditions listed within the program requirements are not met by the applicant.
- No Financial Aid will be granted to returning players that (or players whose siblings) have a delinquent account from prior seasons.
- Financial Aid must be submitted via email. Contact the club's Director of Coaching if you are having issues submitting documents electronically to make alternate arrangements.
- Information submitted in support of a financial aid application will be kept confidential, except to the extent necessary to effectively administer the program.
- Anyone joining Pennsylvania Classics AC after August 30, 2024 and who is eligible for Financial Aid will have their Financial Aid award prorated in a manner determined by PCSA.

For information, please contact Steve Klein, Director of Coaching at: steve@paclassics.org

Pennsylvania Classics AC
2024-25 APPLICATION FOR FINANCIAL AID CONFIDENTIAL STATEMENT

Application Date: _____ Team Name: _____

Coach (if known): _____

A. Player Information:

Name _____ Date of Birth _____

Address _____

Phone _____ Email _____

B. Family Information:

Parent 1 Name _____

Address _____

Phone _____ Email _____

Employer(s) _____

Parent 2 Name _____

Address _____

Phone _____ Email _____

Employer(s) _____

List all children in your family and whether they are registered with PA Classics:

Name _____ DOB _____ PA Classics Player? Current / Former / No

Name _____ DOB _____ PA Classics Player? Current / Former / No

Name _____ DOB _____ PA Classics Player? Current / Former / No

Name _____ DOB _____ PA Classics Player? Current / Former / No

C. Assessment of need:

Is your current financial situation temporary or permanent? Explain:

Are you a single income or multiple income family? Single / Multiple

How many people are in your household as reported on your tax form? _____

How many years has your family been with Pennsylvania Classics? _____

Any additional info about your financial situation that you feel is important for us to know?

Please be specific as to how much you feel you can afford in total player fees for 2024-25:

\$ _____

Terms of the Pennsylvania Classics Financial Aid Policy

Pennsylvania Classics AC officials may meet as needed to process applications and reserves the right to discontinue financial aid at any time if the information provided is inaccurate, intentionally misleading, or if the terms of the award are not met. Pennsylvania Classics AC, at its sole discretion, may make partial awards if there are unique or other special circumstances that arise during the review of the application. *Note: Financial Aid is a partial award of the total fees/dues for Pennsylvania Classics’ programs; Parents are required to continue to pay the remaining portion of their fees/dues that were not covered via the financial aid award.*

I, the applicant, have read and agree to the terms of the Pennsylvania Classics Financial Aid Policy and any requirements outlined on this application. I am requesting that (player) _____ be placed on financial aid status with Pennsylvania Classics AC. Everything I have stated in this application is true. I understand that you will retain this application. I agree to answer questions and supply any information related to this application as requested by Pennsylvania Classics AC. We hereby request financial aid from the Pennsylvania Classics AC:

Parent(s)/Guardian Signature Print Name Date

Parent(s)/Guardian Signature Print Name Date

Submit your signed and completed application electronically to Steve Klein, Director of Coaching: steve@paclassics.org

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Pennsylvania Classics AC Staff Use Only

Date Application Received _____ Date Review Completed _____

Approved for \$ _____ OR Denied, Reason: _____

Family Informed of Result on – Date: _____ Method (circle): Phone call / e-mail / In Person

By: _____

CONFIDENTIAL