

**PLAYERS DEVELOPMENT ACADEMY**

Application for Financial Aid

{You need to make less then \$60000 to be considered for a scholarship}

**Must be filled in completely-**

Year 2020-21

Player's Name \_\_\_\_\_  
Last First

Parent's Name \_\_\_\_\_  
Last First

**Email** \_\_\_\_\_

Home Address \_\_\_\_\_  
Street  
City State Zip

Phone No. ( ) TEAM {full name}

Father's Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**FINANCIAL INFORMATION**

Total Family Annual Income (2019) \$ \_\_\_\_\_

Fair Market Value of Family Home \$ \_\_\_\_\_

Mortgage Balance on Family Home \$ \_\_\_\_\_

Total Family Assets \$ \_\_\_\_\_

(Including cars, stocks, bonds & real estate)

Total Family Debts \$ \_\_\_\_\_

(Including mortgages, personal loans, car, leases, etc.)

**FINANCIAL AID REQUESTED**

Amount Requested \$ \_\_\_\_\_

Amount you can pay \$ \_\_\_\_\_

I certify that to the best of my knowledge the above information is accurate.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Note: A copy of your 2019 income tax form must accompany this completed application for financial aid. Your application will not be considered without it. Return form to Patty Seitz 38 Deer Creek Drive, Basking Ridge NJ 07920**

- **This coming year, should you be approved for scholarship aid, you will be required to donate at least 10 hours of your time to any one of the projects listed below. Please indicate in order of preference the area that you would like to donate your time to.**

\_\_\_\_\_ **PDA Tournaments (Nov, April or May)**

\_\_\_\_\_ **PDA 24 Hour Soccer Marathon (Mid Jan)**

\_\_\_\_\_ **Golf Outing/ Senior Night { June}**

Total Amount Requested: \$ \_\_\_\_\_

\_\_\_\_\_ Request approved

\_\_\_\_\_ Request denied

Amount approved: \$ \_\_\_\_\_

Amount to be paid by parent/guardian \$ \_\_\_\_\_