



APPLICATION FOR FINANCIAL AID

Circle Season: Fall Spring Circle Gender & Age: Boy or Girl U10 U12 U14

Player Name: _____ **Date Of Birth/ Grade:** _____

Address/City/Zip: _____

Day Phone: _____ **Evening Phone:** _____

Cell Phones: _____

Parent/Guardian Names: Mother _____ **Father:** _____

E-mail address (es): _____

Please indicate assistance request: Need portion of support \$_____ Need full support

Briefly explain the basis for your financial assistance need and/or propose a payment schedule that will work for you. When describing any special circumstances or conditions you may use additional pages if necessary.

<i>Parent/Guardian Name</i>	<i>Place of Business</i>	<i>Business Phone</i>	<i>Annual Income</i>

Total # of family members in household: _____ **Total family income:** _____
(Dad + Mom + 3 kids = 5)

Did your child participate in the free or reduced lunch program at school? _____ **Yes** **No**

Signature: _____ **Date:** _____

Deadline to submit financial aid request form is the registration deadline for the season for which you are applying. Completed forms can be turned in at registration or mailed to: PSC Scholarship Committee 180 Elm Street PMB 132 Pittsfield, MA 01201. The scholarship committee will promptly notify you of its decision.