

**Piedmont Triad Football Club
Financial Aid Application**

Return to: **PTFC President**
 P.O. Box 333
 Kernersville, NC 27285

The submission deadline is **June 15th, 2018**. Attach a copy of your **2017 1040, 1040A or 1040EZ** federal income tax return (the first page showing your AGI is sufficient). Incomplete applications will not be processed.

A \$100 minimum payment (per player) is due by the initial team meeting and monthly minimum payments of \$50 (per player) are required per the team dues payment schedule until a financial aid determination has been communicated.

Player's Name:

Last

First

Address:

Street

City

State

Zip

Home Telephone: _____

Father's Name: _____

Cell: _____

Mother's Name: _____

Cell: _____

Assigned Team: _____

Amount of Aid Requested: _____

I certify that all materials supplied and statements made in connection with my submission of this application are true to the best of my knowledge.

Signature

Date

This application is confidential. You will be notified of a decision after the PTFC Financial Aid Committee reviews your application. There is a limited amount of money available for financial aid and a committee will review all applications and award funds on the basis of need and funds available.