



DREAM BIG. WORK HARD. STAY HUMBLE

www.scvistula.soccer

info@scvistula.soccer /

201-606-5278

73 Main Street, Garfield, NJ 07026

PDA SC Vistula Financial Aid Application 2024-2025 Season

We're thrilled to welcome you to the PDA SC Vistula family for the upcoming 2024-2025 season! We understand that soccer can be an expensive sport. We are proud to be the most affordable club in the area offering access to National leagues. Our goal is to offer the highest program at the most affordable cost. PDA SC Vistula is pleased to offer a Financial Aid program to help families make soccer affordable. Our club has a limited number of financial aid available and the number of players receiving aid the amount of aid will vary depending on the funds available.

In order to be considered for a Financial Aid scholarship, applicants must have been offered and accepted a roster spot on one of our teams. The player must be fully registered and have paid the \$500 deposit to the club. The deposit is required before the application can be approved.

If financial aid is awarded it reduces monthly club fees, financial aid does not cover 100% of club fees. All scheduled payments must be made until notified that financial aid has been awarded.

FINANCIAL AID GUIDELINES

- Economic hardship, financial need will be the only factor in awarding Financial Aid. No one will be disqualified from consideration because of sex, race, color, creed or religious belief.
- Financial Aid amounts will be based on the number of players demonstrating need, the extent of that need and the budget available for Financial Aid that year.
- Financial Aid awards will be reviewed on a yearly basis.
- Travel expenses are not covered by financial aid.
- NO player will receive financial aid for 100% of their tuition fees
- Any unpaid fees owed to the club from prior seasons result in automatic disqualification from the financial aid process.
- All applications MUST be received by July 15, 2024 or they will not be considered.
- Any Applications not filled out completely or missing supporting documentation will NOT be considered.
- Qualify based on USDA household income guidelines for the current year (table below).



2023 Poverty Guidelines for the 48 Contiguous States (All States except Alaska and Hawaii)

Number of Persons in Family/Household	Poverty Guideline
1	\$14,580.00
2	\$19,720.00
3	\$24,860.00
4	\$30,000.00
5	\$35,140.00
6	\$40,280.00
7	\$45,420.00
8	\$50,560.00

Reference Source:

<https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf>

Criteria/ Eligibility

- Family Needs
- Number of children in a family
- Number of players in PDA/Vistula
- Family Income
- Overall Financial Situation
- A current free or reduced lunch eligibility letter if applicable (provided from school)
- Most recent U.S. Individual Income Tax Return (1040 Form - only pages 1-2) that was filed with the IRS for the household that claims the player(s) as a dependent(s). Please black out ALL Social Security Numbers including your child(ren)'s SSN and SSN on top of the second page. 1040 must have signature(s).



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PDA SC Vistula

**Financial Aid Application
2024-2025 Season**

Documents Needed:

1. Complete all requested information on the application for financial aid.
2. Attach a copy of the most recent U.S. Individual Income Tax Return (1040 Form - only pages 1-2) that was filed with the IRS for the household that claims the player(s) as a dependent(s). Please black out ALL Social Security Numbers including your child(ren)'s SSN and SSN on top of the second page. 1040 must have signature(s).
3. Copy of a valid photo ID
4. Copy of a utility bill matching the address on the government ID
5. A current free or reduced lunch eligibility letter if applicable (provided from school)

Signature & Mailing:

1. Sign and date the form. Please make sure all the above documents are included. No application will be reviewed unless we have all five documents submitted and deposit is made. **NO EXCEPTIONS!**
2. Send or drop off the application for Financial Aid to:

PDA/SC Vistula

Attn: Anna Sawicki Treasurer

RE: Financial Aid Applications

316 Maple Avenue Wallington NJ 07057

Due No Later than July 15th, 2024



Application for Financial Aid

Name of Player(s) :

1. Player's Full Name (Print) _____

Member Since: _____ Current Team & Age Group _____

2. Player's Full Name (Print) _____

Member Since: _____ Current Team & Age Group _____

3. Player's Full Name (Print) _____

Member Since: _____ Current Team & Age Group _____

Name of Parents

Father: (First / Last Name): _____

Mother: (First / Last Name) _____

Address: _____

Email: _____

Best Phone Number to Be Reached At: _____

The following questions will be used solely to help determine need for financial aid:

How many children or total dependents do you support in your household? _____

Financial Aid is for the year of: _____

Please check one of the following ranges for yearly household income:

- Less than \$20,000
- \$21,000 to \$50,000
- \$51,000 to \$100,000
- \$100,000 +



Please describe your need for financial aid below:

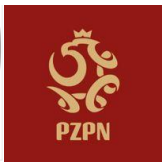
Multiple horizontal lines for writing the financial aid need.

PDA/Vistula cannot guarantee financial aid for all applicants. You will be notified of the status of your application upon review. By signing, I attest that the documents and information provided for Financial Aid review is accurate:

Parent First and Last Name

Date

Once again thank you for choosing PDA SC Vistula and Welcome Aboard!
Sam Nellins - snellins@aol.com
PDA / SC Vistula – Academy Director





For Office Use Only (below this line)

This scholarship/Financial Aid was reviewed on: (Date) _____

Division: _____

Name of Player (s): _____ Age Group: _____

Parent's Name: _____

Parent's Contact number: _____

- Completed Application all requested information on the application for financial aid.
- U.S. Individual Income Tax Return (1040 Form - only pages 1-2)
- Copy of a valid photo ID
- Copy of a utility bill matching the address on the government ID
- A current free or reduced lunch eligibility letter if applicable (provided from school)

Total Cost of Program: Player 1 _____ Player 2 _____ Player 3 _____

Member Since: _____

Accounting Dept Balance as of: _____

Previous Financial Aid: Yes _____ No _____

Which season they received Financial Aid if yes: _____

History of Making Payments (Late/Timely): _____

Financial Aid Decision:

Accepted

Discount Amount t: _____

number of Installments : _____

Amount each installment: _____

Rejected

Reason for rejection: _____

Treasurer Signature _____ Date _____

Club Executive Director Signature _____ Date _____