

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 2026-27

Player's Name _____
Last First

Parent's Name _____
Last First

Email _____

Home Address _____
Street
City State Zip

Phone No. () _____

TEAM _____ {full name }

team name /year/boys or girls/area {North/south/shore}

Father's Employer _____

Address _____

Mother's Employer _____

Address _____

FINANCIAL INFORMATION

Total Family Annual Income (2026) \$ _____

Fair Market Value of Family Home 2
\$ _____

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 **total of both below should add up to tuition**

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 2025 income tax form must accompany this completed application for financial aid. Your application will not be considered without it. Return hard copy of 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)**

Total Amount Requested: \$ _____

_____ Request approved

_____ Request denied

Amount approved: \$ _____

Amount to be paid by parent/guardian \$ _____