

**Penn United  
Force  
F.C.**

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**Financial Aid Request Form**

Player's Name: \_\_\_\_\_

Mother's or Guardian's Name: \_\_\_\_\_

Father's or Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Estimated Family Income: \_\_\_\_\_

Total Family Members: \_\_\_\_\_ Number of Children in PUF club: \_\_\_\_\_

**Please explain your need for financial assistance or any other relevant circumstances. (The Penn United Force Board of Directors reserves the right to request income verification before completing its review and taking any action on any financial aid request. Please use the back side if needed.)**

\_\_\_\_\_  
\_\_\_\_\_

Cost of PUF Program: U11-U19: \$1,350 U9/U10: \$1,050

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

Amount of aid requested: \$ \_\_\_\_\_

Parent or Guardian Signature

Date:

\_\_\_\_\_  
\_\_\_\_\_