## 2023-2024 Pathway Financial Aid Form

## STEP 1: READ THE FINANCIAL AID INSTRUCTIONS

STEP 2: COMPLETE THE ENTIRE APPLICATION AND SUBMIT IT WITH PROOF OF INCOME - PLEASE PRINT CLEARLY

I am applying for financial assistance for: One selection per application. Please	do not add other selections.		
Uniform Voucher			
☐ Pathway Program ☐ Camp	g information MUST be completed for all applicants.		
	INCOMPLETE APPLICATIONS WILL NOT BE DEVICINED		
Address PROOF 0	F INCOME IS REQUIRED.		
	nildren living at home Ages		
	adults dependent on family income		
Gross mont	hly income		
Previous School Name  Annual hou	sehold income level:		
Has athlete received financial assistance other organizations before? ☐ Below \$☐ Yes ☐ No ☐ \$18,001			
Parent/Guardian 1 Name	<b>−</b> \$30,000 □ \$54,001 <b>−</b> \$60,000		
□ \$30,001			
U \$36,001			
(Providing your email is the most efficient and cost effective way to notify you of the outcome.)  Employment  (REQUIRED) If not applicable please explain  Parent/Guardian 2 Name  Attach verification of income from all sources (pay stub, tax return, proof of assistance, etc.) to this application.  This section DOES NOT apply to uniform voucher requests			
		Phone ( ) Program Na	ame
		Email Camp Sess	ion
		(Providing your email is the most efficient and cost effective way to notify you of the outcome.)  Start Date	End Date
Employment	Camp/Program/Event Fee (Monthly fee) \$		
(REQUIRED) If not applicable please explain	Amount parent/guardian can pay \$		
Athlete lives with:	, ,		
☐ Mother only ☐ Father only ☐ Both parents ☐ Other guardian	Amount from other sources \$		
If other, please specify	Amount requested (REQUIRED) \$		
Please indicate any special circumstances that relate to this request;			
(additional pages may be attached)			
STEP 3: FUNDING RELEASE AND SIGNATURE			
I certify that all of the information on this application and the supporting documents are true and complete. I this application has changed or needs to be updated.	understand that it is my responsibility to reach out to APT if any information in		
Parent/Guardian Signature (REQUIRED)	Date		
STEP 4: RETURN COMPLETED APPLICATION	APT OFFICE USE ONLY		
(DO NOT SUBMIT WITHOUT PROOF OF INCOME)	Date Received:		
By Mail: APT Pathway  By email:aptpathway@gmail.com	Date Approved:		
4801 JOHNSON ROAD,	Amount Approved:		
COCONUT CREEK, FL 33073			
Suite 1	Approval Signature:		
For questions, call 954-800-5315			

## **Pathway Financial Assistance Instructions**

DEADLINE: Financial aid requests must be submitted no later than August 6th.

To apply for financial aid:

- Select which assistance you're requesting on the financial aid form, being sure to fill out the entire application. Please do not add other selections to form.
- The deposit (if applicable) must be paid. Should the financial aid amount requested not be fully granted and applicant chooses to cancel their registration, a refund of the deposit will be allowed. In such case, a refund request must be submitted in writing by August 31.
- Financial aid is based on need, and this must be clearly demonstrated on the form. We consider income level, family size, and a detailed explanation of circumstances when granting financial assistance.
- Documentation that verifies income level MUST be provided with the form (i.e. paycheck stub, tax return, unemployment check receipt, etc.).
- Financial aid decisions for camp are not made until camp placement has been confirmed. All information is confidential.
- Financial assistance is not available for additional activities offered by such as field trips, travel or specialty programs
- Financial assistance funds are supplementary. We expect each family to pay as much as it can towardthe cost of the Pathway experience.
- Financial assistance funds are based on financial need and/or special circumstances. Based on what level a family qualifies for, assistance can range from 20% up to 80% of the program/event fee.
- Incomplete forms or those missing proof of income will not be reviewed.
- Please allow up to 1 weeks for application processing.

We make every effort to provide financial support so that no athlete is denied participation due to lack of funds, however financial assistance funds are limited.

Send all requests to:

APT PATHWAY 4801 JOHNSON RD COCONUT CREEK, FL 33073 Suite 1

Attn: Financial aid

Email to APTPathway@gmail.com

Providing your email is the most efficient and cost effective way for us to notify you of the outcome.