

# 2022-2023 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

Athlete's Name \_\_\_\_\_

(One application per form.)

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ School Grade in Fall \_\_\_\_\_

Previous School Name \_\_\_\_\_

Has athlete received financial assistance other organizations before?

- Yes  No

Parent/Guardian 1 Name \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Email \_\_\_\_\_

(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 \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Email \_\_\_\_\_

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

Employment \_\_\_\_\_

(REQUIRED) If not applicable please explain

Athlete lives with:

- Mother only    Father only    Both parents    Other guardian

If other, please specify \_\_\_\_\_

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 understand that it is my responsibility to reach out to APT if any information in this application has changed or needs to be updated.

Parent/Guardian Signature (REQUIRED) \_\_\_\_\_

Date \_\_\_\_\_

## STEP 4: RETURN COMPLETED APPLICATION

(DO NOT SUBMIT WITHOUT PROOF OF INCOME)

By Mail: APT Pathway

By email: [aptpathway@gmail.com](mailto:aptpathway@gmail.com)

4801 JOHNSON ROAD,

COCONUT CREEK, FL 33073

Suite 1

For questions, call 954-800-5315

The following information MUST be completed for all applicants.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.  
PROOF OF INCOME IS REQUIRED.**

Number of children living at home \_\_\_\_\_ Ages \_\_\_\_\_

Number of adults dependent on family income \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Annual household income level:

- Below \$18,000       \$42,001 – \$48,000  
 \$18,001 – \$24,000       \$48,001 – \$54,000  
 \$24,001 – \$30,000       \$54,001 – \$60,000  
 \$30,001 – \$36,000       \$60,001 – \$80,000  
 \$36,001 – \$42,000       \$80,001 – \$100,000  
 Over \$100,000 may qualify under very special circumstances only.

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**

Program Name \_\_\_\_\_

Camp Session \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Camp/Program/Event Fee (Monthly fee)	\$ _____
Amount parent/guardian can pay	\$ _____
Amount from other sources	\$ _____
Amount requested (REQUIRED)	\$ _____

### APT OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

## 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 toward the 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](mailto:APTPathway@gmail.com)

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