

Pacific Diving Academy USA “Dive into the Future” Sports Scholarship Application

OVERVIEW

Pacific Diving Academy (PDA) USA provides scholarships for registration, tuition, competition, and outfitting fees to children, who without financial assistance would be unable to participate in PDA USA’s diving program. PDA USA’s “Dive into the Future” scholarship program focuses on providing opportunities for area youth to participate in recreational team sports because of the physical, mental, and character-training benefits these programs can provide.

PDA USA is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number of applicants, and the amount of scholarship funds available. Scholarships are awarded for one (1) sport per registrant and are only valued for one (1) year of fees; therefore, individuals who leave the program early forfeit all remaining funds, which will be allotted to another scholarship applicant.

PDA USA does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.

ELIGIBILITY

Requirements for eligibility:

- Athlete must be age 18 or younger to participate in PDA USA’s Diving Program
- Parents/Guardians commit that the athlete will attend a minimum of **90% of all scheduled practices and competitions.**
- Parents/Guardians agree to volunteer **8 hours**, per scholarship recipient, with a maximum of **20 hours** per family per calendar year.
- The maximum amount awarded per recipient family is \$3300.00 per calendar year. Per IRS guidelines, PDA USA is required to issue a 1099 form to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided.

QUALIFICATIONS

Please provide all information required to help PDA USA determine qualifications.

Scholarship consideration will be given to families that meet the following criteria:

- Provide a copy of your IRS form 1040 from the recent tax year.
- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. and can provide written documentation of participation in these programs.
- Provide recommendation by school representative, social worker, youth community center workers or other social service representative.
- Provide a written statement of immediate financial hardship explaining the current situation, why you are interested in the sport of diving, and how the program will benefit you. Please provide any supporting documentation that may support the facts in your financial hardship statement.
- Complete the application process and read and sign the Terms and Conditions statement.

Incomplete applications will automatically be denied.

PROCEDURE

Scholarship requests must be submitted to PDA USA by April 1st, 2024 in order to be considered.

Applications may be mailed or delivered in person to the address listed on the bottom of the application.

A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated.

Incomplete or late applications will be denied.

As indicated above, all of the following must be included to be considered for scholarship:

- Income documentation (i.e. previous year tax returns, current paystubs)
- State or Federal assistance documentation
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The PDA USA Scholarship Committee will consider all scholarship applications completed with all necessary documentation and received by the deadline.

The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number applicants, and amount of scholarship funds available.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online at pdgausa.com for the sport for which the scholarship was awarded.

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Terms and Conditions

“I”, “me” and “my” refer to the adult scholarship applicant.

_____ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.

_____ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

_____ 3. I understand that members of the Pacific Diving Academy Board of Directors consider each scholarship application on a case-by-case basis.

_____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.

_____ 5. I understand that unless I am awarded basic equipment as part of my scholarship, I am responsible for any equipment and uniforms required for my child’s participation.

_____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

_____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, Pacific Diving Academy may immediately terminate my child’s privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to Pacific Diving Academy the full value of any scholarship awarded.

_____ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 8 hours, per scholarship recipient, with a maximum of 20 hours required per calendar year. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for 12 months.

_____ 9. I understand it is my responsibility to ensure my child(-ren) attend 90% of all scheduled practices and competitions.

_____ 10. This application is considered private and will not be shared with anyone other than the scholarship review board.

Printed Name of Adult Applicant

Signature of Adult Applicant

Name of Scholarship Athlete

Date

ATHLETE INFORMATION			
Athlete's Name:		Age:	Birth date:
Address:			
Street:		City:	State: Zip:
School Athlete Attends:		Grade:	
Teacher's Name:		School Phone:	
Athlete lives with: () Both Parents () Mother () Father () Other			
PARENT / GUARDIAN INFORMATION:			
Total Household Annual Income: \$			
Number of dependent children in your household during the last tax year:			
Number of people in your household total:			
Father/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:	E-mail:	
Father/Guardian Monthly Income (including alimony/child support) \$:			
Mother/Guardian Monthly Income (including alimony/child support) \$:			
Mother/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:	E-mail:	
Do you currently receive state or federal financial assistance? () Yes () No If yes, what type?			
If you receive state or federal financial assistance, is this your sole source of income? () Yes () No			
SCHOLARSHIP INFORMATION			
Amount of scholarship requested:	Full \$	Partial \$	
Sport for scholarship request: () Diving			
Do you also request additional assistance to purchase basic equipment needed for this sport season? () Yes () No			
PREVIOUS PARTICIPATION			
What other sport(s) has the child played? _____			
Name of Team & Organization _____			
What was the cost of that sport(s) played? _____			
Has this athlete ever received scholarships before? () Yes () No			
If yes:	Which sport(s):	Year(s) :	Amount \$
Please indicate supporting documentation being provided:			
() Proof of Income			
() Proof of receipt of state or federal financial assistance			
() Letter from school, social workers, youth community center workers, or other social services representatives			
() Written Personal Statement of Immediate Financial Hardship () Other (<i>explain in detail</i>):			