About The Youth Sponsorship Program

We believe that if we provide the tools necessary to facilitate the achievement of their goals, our youth will have the opportunity to fulfill their potential and reach their dreams.

We wish to support groups, teams, and organizations that promote a positive attitude and make a positive impact in their communities.

An open enrollment program
Youth Activity Sponsorship Program

DREAM, BELIEVE, ACHIEVE

Guidelines and Application

About The Youth Activity Sponsorship Program
We believe that if we provide the tools necessary to facilitate the achievement of their goals, our youth will have the opportunity to fulfill their potential and reach their dreams. We wish to support groups, teams, and organizations that promote a positive attitude and make a positive impact in their communities.

Categories of sponsorship
• Athletic Program: Registration Fees, Membership Fees, Required Uniforms/Supplies/Equipment, etc.
• Music, Art, Dance: Registration Fees, Membership Fees, Required Uniforms/Supplies, etc.

Eligibility
• Applicants must be a California/Nevada Youth based group, team, school or organization.
• Group members must be between the ages of 5-18 years of age.

Requirements / Declaration

Initials Here

_____ Group sponsorship can be used one(1) time per calendar year (January 1st to December 31st) for a total maximum amount of $500.00. To be considered for the current calendar year, applications must be received by the first Friday of December. Any application received after the first Friday in December will be considered for the next calendar year, based on funding availability.

_____ Sponsorship application packet must include:
  * Completed PFSA Youth Activity Sponsorship Application.
  * Letter or Essay explaining the need for the sponsorship request.
  * Letter on letterhead from the group, team, or organization with information about the history of the group verifying applicant’s need.

  If the application packet is incomplete when received it will be disqualified.

_____ The group, team, or organization will provide PFSA with a photo of the group/team/organization and consent for the photo to appear in PFSA’s publications, Social Media and website.

_____ PFSA reserves the right to publish details of the awarded sponsorship and details to whom the sponsorship is awarded.

_____ The group, team, or organization will post on their website and/or Social Media, that they are a recipient of a PFSA Youth Activity Sponsorship. Please like, tag or mention @MYPFSA on Facebook, Instagram and/or Twitter.

_____ Payment will be made directly to the group, team, or organization.

_____ The PFSA Youth Sponsorship Committee reserves the right to approve or deny any application at its sole discretion.

_____ The group, team, or organization will print PFSA logo on their banner.
Youth Activity Sponsorship Program

DREAM, BELIEVE, ACHIEVE

Guidelines and Application

Applicant Information

Group, Team, or Organization

Name ____________________________________________________________

Point of Contact _________________________________________________

Mailing Address __________________________________________________

City                              State                  Zip Code

Telephone # ___________________ Cell Phone # ___________________________ Email __________________________

Facebook: _________________________ Instagram: _______________________ Twitter: __________________

Purpose of Sponsorship

____________________________________________________________________

____________________________________________________________________

Donation Information

Amount Requested $ ____________________ (Maximum amount $500.00)

Check will be payable to Group, Team, or Organization

Mailing Address: ______________________________________________________

City                              State                  Zip Code

Comments: ______________________________________________________________________________________

By signing below, I agree that all information provided is correct and accurate and that any false information provided is grounds for denial of Sponsorship. I understand that my application is not guaranteed to be accepted. I understand that it is my responsibility to obtain and provide all necessary documentation to the PFSA Youth Sponsorship Committee.

Date: _______________________________  _______________________________

Name of Group, Team, or Organization  Signature of Point of Contact

PFSA Youth Activity Sponsorship Committee Use Only

Request Approved on ____________________  _______________________________

Authorized Signature _____________________________________________

Comments: ______________________________________________________________________________________