



**Gresham Youth
Football Association**

Financial Aid Form

Use this form to request financial assistance for registration fees.

Gresham Youth Football Association is committed to keeping our program welcoming and accessible to all interested families in our community. If you need help with registration costs, please complete this application. Requests are reviewed by the board and considered using multiple factors. Because financial aid funds are limited, we may not be able to support every request; however, we will make every effort to assist as many players as possible.

Date: _____

Player's Name: _____ DOB: _____

Email: _____ Phone: _____

School: _____ Grade entering in Fall: _____

Parent(s):

First Name: _____ Last Name: _____

Daytime Phone: _____

First Name: _____ Last Name: _____

Daytime Phone: _____

Monthly net income: _____

Number of children in the household under age 18: _____

Special circumstances you would like the board to consider (optional):

How many year(s) have you been a member of GYFA? _____

2870 NE Hogan Dr. STE E 540 Gresham, OR 97030

www.greshamyouthfootball.org

Applicant status (check one): ___ New applicant ___ 1 year ___ 2 years ___ 3 or more years

Does the applicant/participant qualify for free or reduced-price lunch? ___ Yes ___ No

Registration fees:

Tackle \$380 per player May 1st – June 1st

Tackle \$400 per player June 2nd - July 1st

Tackle \$420 per player July 2nd - Registration Close

Flag \$200 per player May 1st – June 1st

Flag \$225 per player June 2nd - Registration Close

How much do you feel you can pay?

If approved for financial aid, a \$75 equipment fee is required before equipment can be issued. Information provided on this form is kept confidential and will be reviewed only by GYFA board members involved in the financial aid process.

By signing below, I understand that I am receiving financial assistance. In return, I agree to complete at least two (2) volunteer shifts in the concession stand, or wherever help is needed. If I do not fulfill this volunteer commitment, I will be responsible for repaying the amount provided by GYFA through financial aid, and I understand I may not be eligible for future financial aid.

Sign

Date

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