

**BYS FINANCIAL ASSISTANCE APPLICATION FOR EXTREME TEAMS
2018-2019 SEASON**

Financial assistance for BYS programs is limited by the availability of funds dedicated to this purpose. Families may be eligible to receive up to 50% of the cost of the registration costs of the program. The BYS Financial Aid Committee will review all requests singularly and objectively. All information will be kept confidential. All soccer families are expected to contribute volunteer time to the program. Financial assistance family recipients are **required** to volunteer **20** hours to BYS soccer programs. This may include Team Manager, Coach, Board or Committee Member, and volunteer opportunities at our games or tournaments. The BYS board, coaching directors and/or club administrator WILL assign hours as needed to fulfill the 20 hour requirement. Financial Aid only is applied to registration and associated club paid fees. Additional tournaments and other costs are not included.

Players receiving assistance are expected to actively participate in practices and games within a reasonable level. Large numbers of missed practices and/or games or misconduct may result in the forfeiture of said financial assistance for the current season and could affect future requests as well.

Player(s) information:

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Parent(s) information:

Name _____

Address _____

Daytime phone _____ Evening phone _____

Email: _____

Name _____

Address _____

Daytime phone _____ Evening phone _____

Email: _____

Do you qualify for free & reduced lunch in ISD #31? _____ *(If answering no the section detailing other circumstances you wish the committee to consider must be completed)*

Number of children enrolled in BYS programs _____ Family Size: _____

Other circumstances you wish the Financial Aid Committee to consider may be detailed on the back of this page such as loss of income, medical costs, etc.

Have you volunteered time for BYS this year: If yes provide details: _____

Please send this form to BYS Treasurer at PO Box 265 Bemidji, MN 56619; forms must be postmarked by December 31st, 2018.

Board action _____ Amount approved _____