



## Financial Assistance Form

**Bay Area Seminoles Youth Football & Cheer** has a limited amount of funds available for families requesting financial assistance for the Fall 2018 season.

### **Application Information Requested:**

#### **Parent Information**

Parent Name(s) \_\_\_\_\_

Parent Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### **Players Information**

Player's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Player's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Player's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Please check Financial Level that you request:

- Level 1 – 50% Funding (20 + Hours)
- Level 2 – 25% Funding (10 + Hours)



**Eligibility:** To be eligible to apply for financial assistance, a player/family must:

**Please initial on the lines below starting that you agree to the following terms and conditions**

\_\_\_\_\_ Be willing (**Both Parent and Player**) to work and assist at BAS events/games (e.g. event registration, concession stand, film during games, etc.) in an effort to compensate for the assistance provided.

\_\_\_\_\_ Be willing to put an original deposit down. Make monthly payments to pay the remaining football/cheer expenses if it is decided this is the best way to coordinate with scholarship monies provided.

**Financial Information**

\_\_\_\_\_ Be willing to discuss personal financial matters with a member of the financial assistance committee and provide and gather the supporting documents.

# Of adults in household: \_\_\_\_\_ # of dependents in household: \_\_\_\_\_

- Copy of your most current pay-stub
- Bank statements
- 2017 W-4
- Other financial documents

The information provided is, to the best of my knowledge, accurate and truthful:

**Parent(s) Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please sign and mail completed form to:**

**Bay Area Seminoles Youth Football & Cheer  
55 Santa Clara Ave. Suite 127  
Oakland, Ca 94610**