



## **2021-22 Club Dues Financial Assistance Guidelines**

- All information below must be provided in order to be considered for Club Dues Financial Assistance.
- All players must pay the Tryout Registration Fee and the \$150 Acceptance Fee.
- After paying the Acceptance Fee, the maximum Club Program Dues Financial Assistance that a player may qualify for is 70% of the remaining fees. No Dues Assistance will be awarded until the Tryout Registration Fee and Acceptance Fees are paid in full and a player card will not be issued and playing privileges not allowed.
- Club Dues Financial Assistance does not cover uniforms or equipment.
- Parent participation is strongly encouraged, including: volunteering for the team, or at the two BSC tournaments as a field marshal, or in any club activities.

### **Mail Application and Required Documents to:**

BSC Club Dues Financial Assistance  
2779 South Church Street #311, Burlington NC 27215

### **Required Documents:**

- Copy of Most Recent Federal Income Tax Return
- If applicable, Schedule C for self employed
- If applicable, Federal Extension form filed
- Copy of all W-2S or 1099 Forms from all employed family members
- Copy of the 2 most recent pay stubs from all employed household family members
- If applicable, Copy of any/all court orders regarding financial responsibility for the players
- If applicable, Copy of Medicare or Food Stamps eligibility
- If applicable, Copy of Bankruptcy Documentation



## 2021-2022 FINANCIAL AID APPLICATION

This form is to be completed and signed by a parent or guardian. All information is confidential and will be reviewed only by the financial aid committee members. Return this application and verification of income documents in a sealed envelope as soon as possible. All information must be provided in order for this application to be considered. In the event the application is incomplete the application may be rejected.

### PLAYER INFORMATION

Player 1 \_\_\_\_\_ M F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ TEAM \_\_\_\_\_

Player 2 \_\_\_\_\_ M F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ TEAM \_\_\_\_\_

### APPLICANT INFORMATION

Marital Status (circle) Married Single Separated Divorced Widowed

Father Name \_\_\_\_\_

Mother Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City ST Zip \_\_\_\_\_

City ST Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

### REQUIRED FAMILY FINANCIAL INFORMATION

Annual Family Gross Income from ALL sources is \$ \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Number in household dependent upon this income \_\_\_\_\_

### REQUIRED FINANCIAL DOCUMENTS - MUST SUBMIT ALL ITEMS LISTED:

- ☐ Copy of Most Recent Federal Income Tax Return. If applicable: ☐ Schedule C for Self-employed ☐ Federal Extension form filed
- ☐ Copy of all W-2S or 1099 Forms from all employed family members
- ☐ Copy of the 2 most recent pay stubs from all employed household family members
- ☐ Copy of any/all court orders regarding financial responsibility for the players listed above, if applicable.
- ☐ Copy of Medicare or Food Stamps eligibility, if applicable
- ☐ State the reasons for your request for financial assistance. Include any special circumstances that may not be reflected in this application:

Initial each:

- \_\_\_\_\_ I certify that all information submitted is true to the best of my knowledge. I understand that this application does not guarantee assistance. I also agree to the guidelines set forth in this application if dues assistance is awarded.
- \_\_\_\_\_ I understand that parent participation in fundraisers and volunteering for team and club duties is strongly encouraged and I agree to volunteer for the club either with team duties, club tournaments or club fundraisers.
- \_\_\_\_\_ I understand that I will be responsible for all other expenses not covered by financial aid.
- \_\_\_\_\_ I confirm that I received the BSC Financial aid policy and am in agreement with it.

**Player's parent or guardian PRINTED NAME**

**Signature**

**Date**

For Office Use Only	<input type="checkbox"/> Approved, Amount: _____	<input type="checkbox"/> Rejected, reason: _____
	Club Approval/Date: _____	Committee Approval/Date: _____