

2022-23 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 <u>all</u> 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

2022-2023 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 IN	FORMATION						
Player 1 _	N	F [ОВ			TEAM	
Player 2 _	N	F [ОВ	J/		TEAM	
APPLICAN	T INFORMATION Mar	ital Status	(circle)	Marrie	d Sing	le Separated Di	vorced Widowed
Father Na	me		Mothe	r Name			
Address Address							
City ST Zip	City ST Zip						
Email Email							
\mathcal{M}	JIRED FAMILY FINANCIAL INFORMATION		l Family	/ Gross	ncome	from ALL sources	s is \$
Father's Occupation			Employer				
Mother's	Occupation		Employ	/er			
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							
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							
riaye	s parent or guaranan PRINTED NAME		signo	e			Dute
For Office	☐ Approved, Amount: ☐ Reject	ted, reason:					
Use Only	Club Approval/Date:		Commi	ttee Appr	oval/Dat	e:	