



2017-18 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 Dues Financial Assistance that a player may qualify for is 100% 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.
- Club Dues Financial Assistance does not cover Team Fees, which are those fees that cover each team's tournament fees, coaching-travel reimbursement, and referee fees. These fees are collected by each team's manager. Players who do not pay their Team Fees will have their playing privileges suspended.
- Parent participation is strongly encouraged, including: volunteering for the team, or at the two BSC tournaments as a field marshal, or in any club fundraising activities.

Mail Application and Required Documents to:

BSC Club Dues Financial Assistance
2966 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 Medi-Care or Food Stamps eligibility
- If applicable, Copy of Bankruptcy Documentation



2017-18 Financial Assistance Application & Agreement

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 _____ Monthly payment we can afford to pay toward dues \$ _____



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 Medi-Care 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: _____
	ED Approval/Date: _____	Committee Approval/Date: _____