



BAYTOWN SAINTS YOUTH SOCCER CLUB

Financial Aid Application Instructions

1. The Registration Fees are as Established at www.BaytownSaints.org Spring or Fall registration page. **Players requesting Financial Aid are required to complete 8 hrs of community service** . The maximum amount of aid available per player is 100 percent of the registration cost.
2. If the need for financial aid exists, please complete this Application. The Application packet submitted MUST include:
 - a. The Financial Aid **Application**
 - b. A **letter** stating the need and requesting financial aid
 - c. Parent's most recent income **tax return** (black out Social Security numbers)
 - i. If tax return is not available, applicant must provide documented evidence that aid is being received by player/family (i.e. state, county, community).
 - d. Copy of the participant's school **report card**.

***Missing documentation will delay processing of your request.
Incomplete requests may be delayed, reduced or denied.***

3. Submit Application packet **by email** to President@BaytownSaints.org
 - a. Email subject line: BSYSC Financial Aid Request
 - i. **Scan items into a single document in the order listed above**

Application DEADLINE: 12:00pm, August 1st of the present year

4. Applications will be carefully reviewed and a financial aid amount will be determined as quickly as possible. Parents will be notified via email if financial aid will be granted and the amount. Be sure to provide a valid, legible email address.
5. Financial Aid is be based on need and granted as follows:
 - a. **25%:** This amount means the family is responsible for 75% of the registration fee.
 - b. **50%:** This amount means the family is responsible for 50% of the registration fee.
 - c. **75%:** This amount means the family is responsible for 25% of the registration fee.
 - d. **100%:** This amount means that the family is responsible for none of the registration fee.

Any questions or concerns please contact BSYSC at President@BaytownSaints.org



BSYSC Financial Aid Application

BSYSC PROGRAM FINANCIAL AID APPLICATION

The following information will be kept in the strictest confidence and used solely for the purpose of financial consideration for Regional Camp expenses. Please print or type. This form must be completed in its entirety. Any extenuating circumstances may be listed on the back of this form.

Player's Name: PRINT NEATLY		Date of Birth:
BEST Contact Phone:		Gender:
Address:		City: Zip:
Mother/Guardian's Name:	Father/Guardian's Name:	
Present Employer:	Present Employer:	
Years Employed:	Years Employed:	
Past Employer:	Past Employer:	
Years Employed:	Years Employed:	
Earnings Per Month:	Earnings Per Month:	
Other Income (specify): \$ / Month		
Sponsorship Received Name of Association:		Amount: \$
Name of Club:		Amount: \$
Financial Assistance Received Organization:		Amount: \$
Organization:		Amount: \$
Adjusted Gross Income for 2014: \$	Number of Dependents (from tax return): DO NOT LEAVE BLANK	
Professional References		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
The information which I have furnished STYSA is an accurate reflection of our financial condition. We request any available financial assistance to defray costs of State Team / ODP participation, based upon the information furnished above.		
Signature:	Printed Name:	Date:
CONTACT INFORMATION – Please provide the name and phone number of person to notify of results.		
Contact Person's Name:	Coach's Name:	
Relation to Player:	Coach's Phone:	
Email Address:	Coach's Email Address:	

