## Application for Bellevue United FC Financial Assistance

**Program Description:** Bellevue United FC, including Newport Youth Soccer Club (collectively BUFC), offers an assistance program for youth soccer participants who need financial aid in order to play soccer in a BUFC Recreation, Club Select, or Premier program. Each request is considered on a per season basis. This request may cover registration, uniform, trainer and travel fees (if applicable). The amount of aid and number of players receiving aid is dependent upon the money in the BUFC Financial Assistance Account and is not guaranteed from year to year. If you are filling out the form for multiple players, please include program, age group, gender, etc. for each player on sibling section at the bottom of the form. If you have more than three children, please include an additional page with individual player information.

<u>Confidentiality:</u> All information is for the sole purpose of helping the BUFC board make grants. Scholarship requests are strictly confidential. Incomplete forms will not be considered and may be returned.

Request assistance for Seasonal Year		(example: 202	20)
(circle one) Recreational	Club Select	Premier	
(circle one) Boys/Girls	Age Group: U	J Birth Year:	_
Soccer Player's Name:			
Address:			
City:		Zip:	
Person completing form:			
Relationship to soccer playe	er:		
Home Phone:		E-Mail:	
Work Phone:			
Free or reduced lunch progr	am (yes/no)		
Estimated Current Year Fan	nily Income:		
Family Size:			
Number of children in BUF	C programs:		
If requesting aid for multipl blank)	e players, pleas	e include sibling info here	e: (if not, leave
Sibling: (circle one) Recrea	tional Club	Select Premier	
(circle one) Boys/Girls	Age Group: I	J- Birth Year:	

Sibling Name:	
Sibling: (circle one) Recreational Club Sele	ect Premier
(circle one) Boys/Girls Age Group: U	Birth Year:
Sibling Name:	
Reason for Requesting Aid:	
Financial Aid Requested:	
Cost of BUFC Program(s)	\$
Cost of Uniform(s)	\$
Cost of trainer/tournament fees*	\$
Amount You can Pay	\$
Amount of Aid Requested	\$
*If applicable	
We (I) certify that to the best of my knowledge accurate.	e the above information is true and
Signature:	Date:
Please return the completed form via em	nail to <b>fin-assist@bellevue.soccer</b> .

Please return the completed form via email to **fin-assist@bellevue.soccer**, "subject: **BUFC Financial Assistance**".

## DO NOT WRITE IN THIS SPACE FOR BUFC EXECUTIVE COMMITTEE USE ONLY

Request Approved	Request Denied
<b>Amount Requested</b>	\$
<b>Amount Approved</b>	\$
Required Family Contribution	\$
BUFC President	Date