



# **RAMS YOUTH FOOTBALL ASSOCIATION**

## **NEEDS BASED SCHOLARSHIP FINANCIAL ASSISTANCE PROGRAM**

### **Purpose of the Financial Assistance Program**

RAMS YOUTH FOOTBALL ASSOCIATION provides financial assistance to those who are interested in enrolling in the RYFA program but are unable to do so due to financial hardships. Based on availability of funds, RYFA will attempt to provide assistance to those who qualify based on the eligibility requirements. WTF reserves the right to approve assistance or deny an applicant's request.

### **Qualifications and Limitations for Financial Assistance**

It should be known that there are other costs associated with this program in addition to the registration fees. Examples are the travel to and from away games, parents taking turns providing food and drinks on game days, some teams may participate in homecoming and / or end of the year parties. These extra items are the responsibility of the player and their family.

All registration policies and procedures apply to financial assistance applicants. Financial assistance will be awarded following the April board meeting. Recipients will be contacted by April 30th. Financial assistance will be based upon need as well as availability of funds. RYFA reserves the right to approve funding or deny and applicant's request. The maximum family award is one per household.

Other factors such as current participation in public aid, food stamp program, subsidized housing, excessive medical bills, etc. will also be considered in determining eligibility.

### **Application Process**

1. Complete the Financial Assistance Application with required documentation:

- Documentation of your taxable income is required. Please submit a copy of page 1 & 2 of your most recent Federal Income Tax return
- Two recent pay stubs for all household members

2. The application may be handed in at walk-Up registration or it may be sent to RYFAssociation@gmail.com

3. Applications will be reviewed by the RYFA Board of Directors and applicants will be notified by May 1st.

**Please fill out the Application on the next page**

# RAMS YOUTH FOOTBALL ASSOCIATION

## SCHOLARSHIP / FINANCIAL APPLICATION

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of individuals living in household: \_\_\_\_\_

Number of individuals living in the household who are employed: \_\_\_\_\_

Monthly employment income for household: \_\_\_\_\_

Do you receive Public Aid (Y/N)\_\_\_\_ if yes, provide Aid # \_\_\_\_\_

Do you receive Food Stamps (Y/N)\_\_\_\_ if yes, provide Case # \_\_\_\_\_

Participant of Federal School Lunch Program (Y/N)\_\_\_\_

If yes, provide School: \_\_\_\_\_

Subsidized Housing (Y/N)\_\_\_\_

Does anyone in your household receive income from any of the following? (Specify the amount)

Social Security	/Month	Public Aid	/Month
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SSI Disability	/Month	Child Support	/Month
Workers Comp	/Month	Pension	/Month
Unemployment Comp	/Month		

Documentation of your taxable income is required. Please submit a copy of Page 2 of your most recent income tax return and two pay stubs if employed.

Please explain any other financial difficulties (extensive medical bills, etc.)

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I understand this application is confidential and not public record. I also understand this application will be evaluated to determine qualification for financial assistance. I will make RYFA aware of any financial changes that differ from information provided above. All information provided is accurate and verifiable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Date App Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Percentage Awarded: \_\_\_\_\_

Date Notification Given to Applicant: \_\_\_\_\_