

Warren Youth Football Financial Assistance Program

Purpose of the Financial Assistance Program

Warren Youth Football provides financial assistance to those who are interested in enrolling in the WYF program but are unable to do so due to financial hardships. Based on availability of funds, WYF 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 take turns providing food and drinks on game days, some teams may participate in homecoming and / or end of the year parities. These extra items are the responsibility of the player and their family.

There are no full financial assistance awards. At a minimum, \$125 is due before the application can be processed. In addition, a \$200 equipment deposit check is required at equipment handout. This check will not be cashed unless equipment is not returned at the end of the season.

Delinquency on participant's portion of the payment may result in rejection of participant's application.

All registration policies and procedures apply to financial assistance applicants.

Financial assistance will be awarded following the April board meeting. Receiptants will be contacted by April 30th. Financial assistance will be based upon need as well as availability of funds. WYF reserves the right to approve funding or deny and applicant's request. The maximum family award per household is \$400.

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 mailed to the program's PO Box (please note, it must be post marked by March 27) at:
WYF
P.O. Box 293
Gurnee, IL 60031
3. Application will be reviewed by the WYF Board of Directors and applicants will be notified by April 30
4. A co-pay of \$125 must be paid with the application

Warren Youth Football
P.O. Box 293, Gurnee, IL 60031

Financial Assistance / Scholarship Application

Players Name _____	Birth Date _____
Address _____	
City _____	Zip _____
Parent / Guardian Name _____	Primary Phone # _____
E-mail Address _____	

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, please provide Aid # _____
 Do you receive Food Stamps (Y/N) _____ If Yes, please provide Case # _____
 Participant of Federal School Lunch Program (Y/N) _____ If Yes, school attending _____
 Subsidized Housing (Y/N) _____

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

Social Security	\$ _____	/Month	Public Aid	\$ _____	/Month
SSI Disability	\$ _____	/Month	Child Support	\$ _____	/Month
Workers' Compensation	\$ _____	/Month	Pension	\$ _____	/Month
Unemployment Compensation	\$ _____	/Month			

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

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

WYF assists as many individuals as possible through the financial assistance. A co-pay of \$125.00 must accompany the registration form.

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 WYF aware of any financial changes that differ from information provided above. All of the information provided is accurate and verifiable.

Signature _____ Date _____

For Office Use Only

Date Appl. Received _____ Reviewed By _____ Percentage Awarded _____
 Date Notification Given to Applicant _____ Co-pay Received _____