



Blackhills Football Club

P.O. Box 7293
Olympia, WA 98507

www.blackhillsfc.org

The Select Club of the
Deschutes Youth Soccer Association

Financial Aid Application 2010-2011

Copy of last tax return (not just W2's) required for consideration

NAME OF PLAYER _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE # _____ Parent Email: _____

BHFC Team: BU _____ GU _____ Coach _____

Parents' Names:
Father _____ Home Phone _____ Work Phone _____

Father's Address (if different) _____ City _____ Zip _____

Mother _____ Home Phone _____ Work Phone _____

Mother's Address (if different) _____ City _____ Zip _____

Names of those living in residence	Income From Work	Other Income*
	Total Income from work	Total other income*

- Other income: public assistance, alimony, child support, retirement, pensions, Social Security, etc.

Please explain any extenuating circumstances that should be considered, such as foster children, elderly family members living in your home or anything else that is a factor. Please explain below.

******Required to be completed or application will not be considered: How much can you pay monthly for player fees? _____ ten payments are required.**

Total financial aid is rarely granted. The family is expected to pay something monthly.

Player fees by age group and payment amount before financial aid:

	BU10 & GU10	BU11 & GU11	BU12 & GU12	BU13-14 & GU13-14	BU15 & GU15/16	Boys U16	BU17-19	GU17-19
The \$300 registration fee is due at registration before player can participate in any Blackhills FC activities Monthly payments start the second month after registration and are due the 15th of each month thereafter								
Program Fee	\$650	\$950	\$1,575	\$1,675	\$1,700	\$1,700	\$1,800	\$1,800
Registration	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300
Remaining	\$ 350	\$ 650	\$1,275	\$ 1,375	\$ 1,400	\$ 1,400	\$ 1,500	\$ 1,500
Tryouts	May	May	May	May	May	March	March	May
First Payment	July	July	July	July	July	May	May	July
Due Dates								
March						\$ 300	\$ 300	
April						\$0	\$0	
May	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 140	\$ 150	\$ 300
June	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 140	\$ 150	\$ -
July	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
August	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
September	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
October	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
November	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
December	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
January	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
February	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ 140	\$ 150	\$ 150
March	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ -	\$ -	\$ 150
April	\$ 35	\$ 65	\$ 128	\$ 138	\$ 140	\$ -	\$ -	\$ 150

The Financial Aid committee contact is: Sally Parker, Sallyparkeroly@comcast.net

I confirm that the information stated in this financial aid application is true. Without attached tax return, statement and monthly amount you can pay, the application will be returned to you unprocessed. I understand that I will likely still be responsible for some player fees if full financial aid is not granted. I agree to make regular and timely payments.

Parent signature

Date

All information submitted will be held in the strictest confidence. To protect your privacy, only one board member and the Business Manager will see this information unless your payments become delinquent and the player must be suspended from participation in the club activities.

You will be notified of the committee decision. Please mail completed form to the above address.

Financial aid is awarded based largely on family income. However, the BHFC does not employ financial aid experts, and income doesn't always tell the entire story, so we need your help. Please fill out the form completely. The guidelines we use to determine financial aid include the USDA Child Nutrition Program Income Guidelines. That requires that we know how many family members are supported by the family income, so under "Name of those living in household" please list everyone in your household that is supported by your family income. If there are other circumstances, such as medical expenses not covered by insurance, make sure you list that in the space above. Finally, no one but the family really knows how much aid your player will need to participate in the BHFC program. Please fill in a dollar amount in the space marked "How much can you pay monthly for player fees?". Applications submitted without a dollar amount, or with comments such as "None" will be returned with a note requesting that the space be filled in with a dollar amount.

Financial aid generally does not include your uniform fees which are due to Wembley Soccer Shop.

NOTE: If you are not granted financial aid for the full amount of player fees due, you are responsible for the difference. A payment schedule will be arranged with the club Business Manager.