



# 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 2012-2013

**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 attach another page explaining 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.

**\*\*\*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:**

	BU 10 & GU 10	BU 11 & GU 11	BU 12 & GU 12	BU 13 & GU 13	BU 14 & GU 14	BU15 & GU15 -16	BU 16-19	GU 17-19
<b>Program Fee</b>	<b>\$1,250.00</b>	<b>\$1,600.00</b>	<b>\$1,800.00</b>	<b>\$1,800.00</b>	<b>\$1,800.00</b>	<b>\$1,900.00</b>	<b>\$1,900.00</b>	<b>\$1,900.00</b>
<b>Registration</b>	\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400
<b>Remaining</b>	\$850	\$1,200	\$1,400	\$1,400	\$1,400	\$1,500	\$1,500	\$1,500
<b>Tryouts</b>	May	May	May	May	May	May	March	May
<b>First Payment</b>	July	July	July	July	July	July	May	July
<b>Due Dates</b>								
<b>March</b>							\$400	
<b>April</b>							\$0	
<b>May</b>	\$400	\$400	\$400	\$400	\$400	\$400	\$250	\$400
<b>June</b>	0	0	0	0	0	\$0	\$250	0
<b>July</b>	\$125	\$160	\$200	\$200	\$200	\$250	\$125	\$250
<b>August</b>	\$125	\$160	\$200	\$200	\$200	\$250	\$125	\$250
<b>September</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$125	\$125
<b>October</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$125	\$125
<b>November</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$125	\$125
<b>December</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$125	\$125
<b>January</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$125	\$125
<b>February</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$125	\$125
<b>March</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$0	\$125
<b>April</b>	\$75	\$110	\$125	\$125	\$125	\$125	\$0	\$125

1Monthly payments start the second month after registration and are due the 15th of each month thereafter.

The Financial Aid committee contact is: Matt Love, mal@vnf.com

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.