



FINANCIAL ASSISTANCE

Kaneland Youth Football League, Inc. ("KYFL") operates on a not-for-profit basis and, as such, is committed to keeping the costs associated with its programs reasonable and affordable for participants and their families. Although payment plans are made available to all participants, the Board of Directors recognizes that this accommodation may not be enough for some families. Accordingly, each year the Board budgets funds that are used to help offset participation costs for individuals demonstrating appropriate financial need. Although every effort is made to accommodate all requests for financial assistance, the number and value of requests granted depends on the number of applications received for any given year.

The following terms and conditions apply to requests for financial assistance:

- Applicants must complete a KYFL Financial Assistance Application (attached). A new application must be submitted each year that assistance is requested. All applications for financial assistance must be received by the final registration date as set by the Board for the year in question.
- Recipients agree to attend no less than ninety percent (90%) of practices and games/competitions.
- For every \$25 of financial assistance granted, parents will provide one (1) hour of volunteer time for KYFL. Duties may include, but are not limited to, assisting with game day field set up, filming practice or games, or helping with announcing and clock duties. Parents may "buy" unperformed hours back from KYFL at the same exchange rate.

Failure to comply with any of these terms and conditions will render a family ineligible for future assistance. Eligibility may be restored by the Board of Directors upon a finding of good cause.

Policy Adopted: 2/2012



FINANCIAL ASSISTANCE APPLICATION

Parent(s) Name(s): _____

Address: _____

Phone: (H): _____ (C): _____

Email: _____

Player(s) Name(s): _____

Player(s) Birthday(s): _____

Have you applied for financial assistance from KYFL before? Yes No

If yes, what year(s)? _____

What level of assistance are you requesting? _____

Generally describe the reason(s) for your request: _____

ACKNOWLEDGMENT

By signing below, I acknowledge and agree to abide by the full terms and conditions of KYFL's Financial Assistance Policy. I also understand that completing this Application does not guarantee my eligibility for financial assistance, and that assistance is limited and awarded at the sole discretion of the KYFL Board of Directors.

Parent Signature

Date