**FINANCIAL ASSISTANCE APPLICATION FORM**

**This form must be accompanied by proof of enrollment in the free/reduced lunch program at your school.**

**Only ONE sport per application**

**Scan and email to:** [**admin@vaasports.org**](mailto:admin@vaasports.org)

##### **Parents Name:**

**Phone Number:**

**Email:**

**Step 1**

1. My child (ren) receives free or reduced school lunches Yes No
2. School Calendar Year
3. List sport applying for: (**only one sport per application**)
4. Please list the child (ren) interested in participating with the VAA sport indicated

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant  First and Last Name | School Attending | Date of Birth | Gender | Grade |  |
|  |  |  | M or F |  |  |
|  |  |  | M or F |  |  |
|  |  |  | M or F |  |  |

### Step 2

**Email or scan this document along with your free/reduced lunch form to:** [**admin@vaasports.org**](mailto:admin@vaasports.org)**.**  Once application and free or reduced lunch form is received, you will receive a **discount code** by email to use to register online with a credit card. **The price for financial assistance for community sports will be approved by the VAA Board of Directors at the sport’s budget proposal meeting. The minimum fee will be no less than the $30 Admin fee. Commissioners may determine other fees. Non-payment of fees** above or falsifying documents may result in player/family ineligibility for the current and/or future sports participation. If online payment is not received by the registration deadline, there is no guarantee that we can hold a place on a team for a participant.  ***NO REFUNDS ARE GIVEN FOR FINANCIAL ASSISTANCE. FA will not be granted for registration fees already paid. Funds are limited and will be distributed on a first come, first PAID basis. All payments must be paid online. Do not send payment in the mail.***

I certify that I have read and understand the information on this form, and that the information submitted is complete and accurate to the best of my knowledge.  I authorize VAA to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

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Signature of Parent/Legal Guardian Date