



# In-Town Registration Fee Waiver/Reduction Guidelines

Any individual, or family, who feels the registration fee for BNGSA would be a financial hardship has the option to request a waiver or reduction in registration fee. To help as many applicants as possible, the following guidelines have been established.

- Applicants must provide **a completed application with signature(s)**.
- Requests for waivers/reductions will be considered by the BNGSA Financial Aid Committee. Amounts given will be at their discretion.
- The BNGSA reserves the right to revoke fee waivers/reductions for misuse.
- A fee waiver/reduction will only be considered for the In-Town BNGSA program to cover player registration fees. It is not intended to be used for other expenses that may be incurred participating in the BNGSA program. Any age group is eligible.
- Applicants will be notified of the status of the application by the Financial Aid Committee within 5 business days from the acknowledged receipt of the application.
- Applicants denied a waiver of fees have the right to appeal to the BNGSA in writing within 10 days of the date of the application.
- Applicants will agree to provide proof of income, if requested.
- Applications will be accepted until February 22nd or until funds for the current season have been depleted. Fee waiver/reduction funds are limited to a predetermined amount per year and distributed on a first come, first served basis. Completion of an application does not guarantee a waived or reduced fee.
- Completed Fee Waiver/Reduction Applications can be emailed to [playball@bngsa.org](mailto:playball@bngsa.org) or mailed to:

BNGSA – Financial Aid Committee  
P.O. Box 673  
Bloomington, IL 61702-5813



# In-Town Registration Fee Waiver/Reduction Application

Name of Player:		Phone #:	
Home Address:			

	Mother/Guardian 1	Father/Guardian 2
Name:		
Place of Employment:		
Business Address:		
Business Phone #:		
Current Monthly Income:	\$	\$

Reason(s) for Application:	

Reference Name (list 3)	Reference Phone #	Relationship
1.		
2.		
3.		

\*I have read and accept the attached Fee Waiver/Reduction Guidelines. I certify that all of the above information is true and correct and all income has been accurately reported.

Applicant's Signature \* \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \* \_\_\_\_\_ Date \_\_\_\_\_

### BNGSA FINANCIAL COMMITTEE USE ONLY

	Date Due	Date Notified
Applicant Notified upon Receipt of Application		
Decision Deadline (5 days from Notification)		
Appeal Deadline (10 days from Notification)		

Applicant's AGI reported on tax return: \$
Approved Amount: \$
Payment Received: \$