BYS FINANCIAL ASSISTANCE APPLICATION FOR EXTREME TEAMS 2025-2026 SEASON

Financial assistance for BYS programs is limited by the availability of funds dedicated to this purpose. Families may be eligible to receive up to 50% of the cost of the registration costs of the program. The BYS board will review all requests singularly and objectively. All information will be kept confidential. All soccer families are expected to contribute volunteer time to the program. Financial assistance recipients are required to volunteer 20 hours to the BYS soccer programs. This may include Team Manager, Coach, Board or Committee Member, and volunteer opportunities at our games or tournaments. The BYS board, coaching directors and/or club administrator may assign hours as needed to fulfill the 20 hour requirement. Financial Aid only is applied to registration and associated club paid fees. Additional tournaments and other costs are not included. Players receiving assistance are expected to actively participate in practices and games within a reasonable level. Large numbers of missed practices and/or games or misconduct may result in the forfeiture of said financial assistance for the current season and could affect future requests as well.

Player(s) information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player(s) information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player(s) information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you qualify for free & reduced lunch? \_\_\_\_ (If answering no the section detailing other circumstances you wish the committee to consider must be completed)

Number of children enrolled in BYS programs\_\_\_\_\_\_\_\_\_ Family Size\_\_\_\_\_\_

Other circumstances you wish the Financial Aid Committee to consider may be detailed on the back of this page such as loss of income, medical costs, etc.

Have you volunteered time for BYS this year: If yes provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form to BYS Treasurer at PO Box 265 Bemidji, MN 56619; forms must be postmarked by December 31st, 2025.

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Board action \_\_\_\_\_\_\_\_\_\_\_\_ Amount approved \_\_\_\_\_\_\_\_\_\_