

**BYSO HARDSHIP PROGRAM**

**Scholarship Request for Annual Competitive Play**

In addition to signing the commitment letter, I understand my obligations to fulfill financial responsibility and commitment obligations. However, while I am committed to the Program, I am currently not able to afford the annual commitment financially.

**I am requesting consideration for funding assistance:**

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

DOB: \_\_\_\_\_

Team: \_\_\_\_\_

Amount parent is committing to pay for annual program \$ \_\_\_\_\_

Reason for Assistance : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please consider this request so that the player referenced above can participate in the annual program while getting the assistance needed to cover the difference of the cost of my program.

Printed Name of Requestor: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Date Requested/Signed: \_\_\_\_\_

Signed Name of Requestor: \_\_\_\_\_

**\*This request (in any status) is not to be discussed to by the requestor/signer with anyone outside of the BYSO Board. Any breach in confidentiality, will result in the nullification of this agreement and you would therefore be liable to pay the remaining balance to cover the full annual commitment of the program in which you have entered.**

**\*This request is subject to Board Approval**