

Folsom Athletic Association
Youth Financial Assistance Program - Community Youth Sports Leagues - Application Instructions

The Folsom Athletic Association (FAA) Youth Financial Assistance Program strives to provide financial assistance for all Folsom youth residents desiring to participate in Community Youth Sports Leagues (CYSL). *"Never in our town"* will any youth not participate in recreational sports due to financial constraints. Please read the following instructions completely before filling out the application. **Incomplete applications will not be accepted.**

Community Youth Sports Leagues

Folsom American Little League
Folsom Aspire Volleyball
Folsom Baseball Club
Folsom Cricket Club
Folsom Elite AAU Basketball Academy
Folsom Fusion Girls AAU Basketball
Folsom Jr. Bulldogs Youth Football & Cheer
Folsom Lacrosse Association
Folsom National Little League

Folsom Sea Otters
Folsom Soccer Club / Folsom Lake Surf
Folsom Softball Club / Folsom Freedom
Folsom Youth Basketball Association
Mad Dawg Wrestling Club
Nor Cal Wrestling Academy
Sierra Marlins Swim Team
Vista Jr. Eagles Youth Football & Cheer
Vista Lady Talons AAU Basketball
Vista Talons AAU Basketball

Visit the individual CYSL website for other scholarship opportunities. Please note that CYSL guidelines and eligibility may differ from FAA. Visit **FolsomAthleticAssociation.org** for links to the CYSL's. For FAA Youth Financial Assistance Program, guidelines have been established to assist Folsom resident families. Financial assistance awards are based on **need, merit and amount of monies available.**

Guidelines

1. **Each eligible youth will receive \$100 to help offset the registration cost. Multiple sports can be authorized each year.**
2. Applications and appropriate documentation must be **completed at the time of registration and submitted to the CYSL sports registrar.**
3. Funds are awarded to assist and offset the cost of league registration fees.
4. Recipients are responsible for their own transportation to and from league activity sites.
5. Recipients who do not attend the league activity regularly may be ineligible for future funds.
6. Refund and Cancellation Policies apply at discretion of the governing board of the sport being played.

Eligibility

To determine eligibility for the FAA Youth Financial Assistance Program, answer the following questions:

1. Does the youth live in the city of Folsom?
2. Is the youth 17 years of age or younger?
3. Can the youth commit to attend/participate in 80% of the activity?

If you answered "no" to **any** of the above questions, you are not eligible for a FAA Youth Financial Assistance. If you answered "yes" to **all** of the above questions, complete the following form.

Nondiscrimination

Participants eligible for the FAA Youth Financial Assistance Program will remain confidential and will be treated in the same manner as those participants that pay full price for the same service. No family will be discriminated against because of race, color, gender, religion, nationality, ethnic origin, or disability.

Confidentiality

All FAA Youth Financial Assistance Program applications and attachments are confidential, shall be used exclusively for the FAA Youth Financial Assistance Program and no other purpose.

To Apply

1. Complete the *Application for Folsom Athletic Association Youth Financial Assistance Program for Community Youth Sports Leagues*. An application must be completed for each youth. Applications are reviewed on a case by case basis. A parent/guardian must sign application.
 - a. Attach proof of Folsom residency, such as a copy of a recent utility bill.
2. Completed application and required documentation must be **at the time of registration and submitted to the sport registrar. Incomplete applications and/or lack of documentation will be returned to be completed.**
3. For questions regarding the application, please contact the registrar of the sport for which you are registering.
4. The youth sports organization will notify the applicant upon approval of the application.
5. Upon approval, applicants may register for a league activity, if space is available. The recipient or recipient's parent/guardian must pay the remaining amount of the league registration at time of registration.

**Application for Folsom Athletic Association
Youth Financial Assistance Program - Community Youth Sports Leagues
(Please refer to the Application Instructions before completing.)**

Youth Sport Applying For Assistance: _____

Youth Name: _____ **Birthdate:** _____

Address: _____ **City:** _____ **State:** _____
P.O. Box will not be accepted as a valid Folsom address. **Attach proof of residency**, such as a recent utility bill.

School: _____ **Teacher:** _____ **Grade:** _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____

Home Phone: _____ **Cell Phone/Other:** _____

Has applicant previously received FAA Youth Financial Assistance? If Yes, what year? _____ No _____

Will your child be able to participate in above CYSL activity if you do not receive FAA financial assistance? Yes _____ No _____

Qualification for the FAA Youth Financial Assistance is based on current financial need. Please (1) Describe any unusual circumstances or provide additional information to assist in determining whether financial assistance should be awarded (add additional paper if needed), and (2) Provide references who can verify your financial need (for example: clergy, social worker, non-family members).

References: List Name, Relationship, Telephone Number

1. _____
2. _____
3. _____

Agreement

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for disqualification from financial assistance. The Folsom Athletic Association and the Community Youth Sports League are hereby authorized to research my qualifications for financial assistance by contacting the references listed above. I understand that I will be contacted when the application has been approved or denied.

Signature of Parent/Guardian

Date

For Sports Club Use Only Date Received: _____ Proof of Residency attached: _____

Name of CYSL: _____

Approved: _____ Maximum Amount Approved \$ _____ (Depends on available funding at time of registration)

Denied: _____ Reason: _____

Approved/Denied By: _____ Date: _____

Parent/Guardian Notified on: _____ By: _____