

# B.G.Y.S.A. FINANCIAL ASSISTANCE FORM



DATE: \_\_\_\_\_  
PLAYER'S NAME: \_\_\_\_\_  
PARENT/ GUARDIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
DOB: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

**PROCEDURE:**

Completely fill out this form and sign as required.  
Submit the application to the B.G.Y.S.A. Executive Board, P.O. Box 235, Chepachet, RI 02814  
A decision will be made on financial assistance.  
Notification will be sent to parent/guardian of the player receiving assistance.

Amount of money the family can provide: \$ \_\_\_\_\_

Amount of money needed for financial assistance: \$ \_\_\_\_\_

**REASON FOR REQUEST FOR FINANCIAL ASSISTANCE** *(Must be completed to process):*

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**PARENT/GUARDIAN SIGNATURE:**

Date \_\_\_\_\_

Please note that in receiving financial assistance the B.G.Y.S.A. Executive Board may require the parent/guardian to do volunteer work around the soccer field. You will be contacted for this.

**FOR OFFICE USE ONLY**

Application approved for \$ \_\_\_\_\_

Notes:

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