

Greater Boca Youth Soccer Association, Inc.
Boca United FC, Advanced Training Program
P. O. BOX 880544, Boca Raton, FL 33488-0544
www.gbysa.org

Financial Aid Application – Instructions

Please complete this form in full when applying for Financial Aid for the 2018- 19 Boca United FC Programs

Please note that we have a limited amount of Financial Aid funds available, therefore; we **may not** be able to **grant** you **the full amount requested**. To assist in paying your child's club fee we suggest parents attempt to solicit donations/sponsorships in part or in full from local businesses and/or family members. GBYSA/Boca United is a not-for-profit organization. Therefore, any such donations/sponsorships are tax deductible for businesses that make them.

Please note that we can only offer a maximum 50% of the club fee in financial aid for those who qualify for aid. Also, Financial Aid **does not cover** the required deposit and/or tournament and travel fees.

In order to receive Financial Aid, Parents, and/or High School age players will be required **to provide a minimum of 50 hours of volunteer service** to GBYSA/Boca United. High School players can use these hours to satisfy their need for required community service hours. These hours can be completed during GBYSA/Boca United related events, during your child practices times, and may include a variety of activities associated with running the organization. **When you apply for the Financial Aid you will be assigned tasks (with specific date and time when you will have to help the club). After completing monthly service hours Boca United will issue you a credit on your account.**

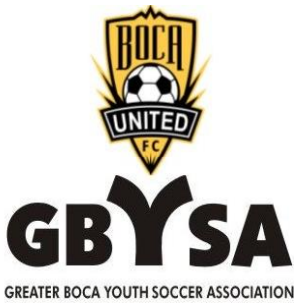
Failure to complete these hours or refusing 3 consecutive requests to volunteer will result in the Boca United Finance Committee withdrawing any financial aid given and you will be responsible for full payment of all program fees.

Please **fill out the attached form in its entirety**.

Attach a copy of last year's 1040 tax return). You need to submit a copy of a utility bill, and last year's report card for each child. The \$400 deposit to secure your child's registration **is not included in financial aid and must be paid**. Payment arrangements can be made for the deposit amount.

Please mail these forms to: GBYSA/Boca United FC
P O Box 880544
Boca Raton, FL 33488-0544

If you have any questions regarding this application or club financial matters in general please email: bufc_treasurer@gbysa.org



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Thank you,
Boca United FC

Application for Financial Aid

Player's Name _____ Age Group: _____

Mother's or
Guardian's Name: _____

Father's or
Guardian's Name: _____

Home Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

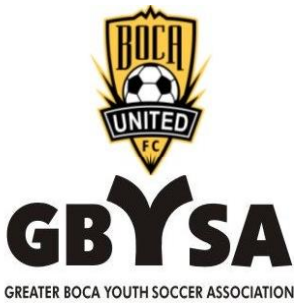
E-mail address: _____

Family Size: _____

No. of Children in GBYSA/Boca United Programs: _____

Please Explain Your Need for Financial Aid and/or any other relevant circumstances¹

¹ The GBYSA Board of Directors reserves the right to request income verification before completing its review and taking action on any financial aid request. Information obtained from this application and/or the income verification process shall remain confidential and will be reviewed only by the GBYSA Financial Aid Sub-Committee.



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Financial Aid Requested

Cost of GBYSA/Boca United Program	\$1380.00- 9U thru 11U Players <u>Excluding Academy & Pre-Academy</u> (Maximum aid amount is 50%)
Non- Refundable Deposit	\$ 400.00 (not part of financial aid request)
Balance	\$ 980.00
Amount <u>You Can Pay</u>	\$ _____
Amount of Aid Requested	\$ _____

How will payments be structured? _____

We (I) certify that to the best of my knowledge the above information is true and accurate.
We (I) understand and agree to the volunteer requirements associated with receiving financial aid.

Parent or Guardian Signature

Date

**Mail form to: GBYSA FINANCIAL AID
P.O. Box 880544, Boca Raton, FL. 33488-0544**

**DO NOT WRITE IN THIS SPACE
FOR GBYSA BOARD USE ONLY**

Request Approved _____

Request Denied _____

Amount Requested

\$ _____

Amount Approved

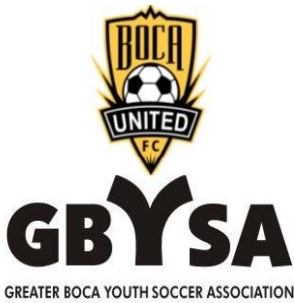
\$ _____

Required Family Contribution

\$ _____

GBYSA Financial Aid Administrator

Date



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Cost of GBYSA/Boca United Program	\$1750.00 –Pre-Academy 11U, 12U, 13U & 14U and 12U Academy Players (Maximum aid amount is 50%)
Non- Refundable Deposit	\$ 400.00 (not part of financial aid request)
Balance	\$ 1350.00
Amount <u>You Can Pay</u>	\$ _____
Amount of Aid Requested	\$ _____

How will payments be structured? _____

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We (I) understand and agree to the volunteer requirements associated with receiving financial aid.

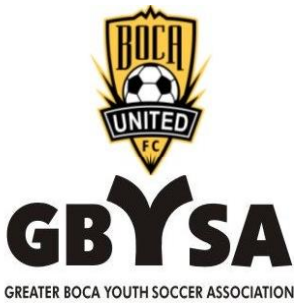
Parent or Guardian Signature Date

**Mail form to: GBYSA FINANCIAL AID
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Request Approved _____	Request Denied _____
Amount Requested	\$ _____
Amount Approved	\$ _____
Required Family Contribution	\$ _____

GBYSA Financial Aid Administrator Date
Financial Aid Requested



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Cost of GBYSA/Boca United Program	\$1600.00 Boys and Girls Pre-Academy - U15 thru U18 (Maximum aid amount is 50%)
Non- Refundable Deposit	\$ 400.00 (not part of financial aid request)
Balance	\$ 1200.00
Amount <u>You Can Pay</u>	\$ _____
Amount of Aid Requested	\$ _____

How will payments be structured? _____

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 We (I) understand and agree to the volunteer requirements associated with receiving financial aid.

 Parent or Guardian Signature

 Date

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Request Approved _____

Request Denied _____

Amount Requested

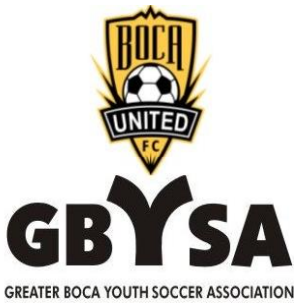
\$ _____

Amount Approved

\$ _____

Required Family Contribution

\$ _____



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Cost of GBYSA/Boca United Program	\$2000.00 –Academy U13, U14, U15, U16/17 & U18/19 Boys and Girls Players including 13U Pre-academy Girls (Maximum aid amount is 50%)
Non- Refundable Deposit	\$ 400.00 (not part of financial aid request)
Balance	\$ 1600.00
Amount <u>You Can Pay</u>	\$ _____
Amount of Aid Requested	\$ _____

How will payments be structured? _____

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We (I) understand and agree to the volunteer requirements associated with receiving financial aid.

Parent or Guardian Signature

Date

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Request Approved _____

Request Denied _____

Amount Requested

\$ _____

Amount Approved

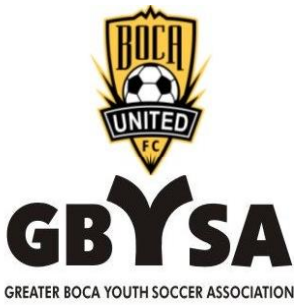
\$ _____

Required Family Contribution

\$ _____

GBYSA Financial Aid Administrator

Date



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Financial Aid Requested

I would like to volunteer for the following Tasks as part of my 50 Hour Community Service REQUIRED to receive the financial Aid I applied for.

- Field Lining (I will come to the fields to line the fields for games)
- I will come to my child's games one hour before the game to set up for said game.
- I will help the Administration with collecting paperwork for tournaments and away games.
- I will help with any events needing Volunteers
(1) Help working in concession stand
- I can drive the Minivan to and from my child's Games and/or Events for the team
- I will help with clerical work, either helping in the office or at Registration and or soccer events.

I understand that I must complete 50 Hours Community service hours during the course of the 2015 – 16 Season to receive Financial Aide

Signature _____

Date _____