



BYFA

BIXBY YOUTH
FOOTBALL
ASSOCIATION

Financial Assistance Program

The Bixby Youth Football Association (BYFA) seeks to assist people who have financial limitations. Financial assistance funds are allowed from sponsoring organizations/individuals. The amount of assistance awarded to any one individual/family may be limited in order to serve the greatest number of applicants within the resources available.

All information obtained in the Financial Assistance Program application will remain confidential and be accessible only to members of the Financial Assistance Committee. Under no circumstances, will anyone else have access to individual identifying information concerning applicants.



Financial Assistance

APPLICATION

BIXBY YOUTH FOOTBALL ASSOCIATION

1. ELIGIBILITY

- A. Applicants must reside within the boundaries of the Bixby Public Schools or meet the criteria set forth in the BYFA By-Laws Membership.
- B. Assistance will be granted on the basis of financial need through the application process. All fees and assistance are kept confidential, as they are specific to individual circumstances.
- C. Assistance will be granted on the basis that the annual household income is less than \$28,000.00.
- D. Financial assistance will be reviewed for eligibility annually or as deemed necessary.

2. PERSONAL INFORMATION

Name _____ Social S # _____ - _____ - _____
First MI Last

Street Address _____ City _____ Zip _____

Home Phone _____ Work Ph _____ Cell Ph _____

Email _____

Employer _____ Employer Address _____

Marital Status(check one) single married separated divorced other

Partner Name _____ Social S # _____ - _____ - _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Ph _____ Cell Ph _____

Employer _____ Employer Address _____



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BIXBY YOUTH FOOTBALL ASSOCIATION

Dependents in Household:

Name _____	Male/Female _____	Age _____	Grade _____
Name _____	Male/Female _____	Age _____	Grade _____
Name _____	Male/Female _____	Age _____	Grade _____
Name _____	Male/Female _____	Age _____	Grade _____
Name _____	Male/Female _____	Age _____	Grade _____
Name _____	Male/Female _____	Age _____	Grade _____

Use back for additional if needed.

3. FINANCIAL INFORMATION

EXPENSES

Rent/Mortgage	\$ _____
Utilities (Electric/Water/Gas/Sewage-No Cable)	\$ _____
Telephone	\$ _____
Automobile Payment	\$ _____
Automobile Insurance	\$ _____
Transportation Cost (fuel/maintenance)	\$ _____
Insurance (life/health)	\$ _____
Tuition or College Loans	\$ _____
Credit Cards/Loans (Please list)	\$ _____
Child/Spousal Support	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

INCOME

Total Household Gross Income (before taxes)	\$ _____
Investment Income	\$ _____
Unemployment	\$ _____
Child/Spousal Support	\$ _____
Disability/Workers Comp	\$ _____
Social Security	\$ _____
Pensions, Etc.	\$ _____
Food Stamps	\$ _____
TOTAL	\$ _____



Financial Assistance

APPLICATION

**BIXBY YOUTH
FOOTBALL
ASSOCIATION**

Please list and document any special circumstances that contribute to your request for financial assistance (I.e., family illness/death, unemployment, etc.) Use additional sheets if necessary.

I declare that all the information contained in this application is true and correct, to the best of my knowledge and belief. If requested to do so, I can/will provide substantiation of all facts including current income. I have provided all required income documentation.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Review By _____ Date _____

Approved for \$ _____ Balance \$ _____

Additional Info needed _____

Approved By Sponsor _____

Approved By Treasurer _____