# Instructions for Completing Financial Aid Application

BUSA is pleased to offer a financial aid program to help families offset club fees. The club has a limited budget available and the number of players receiving aid and the amount of the aid will vary depending on the funds available.

In order to be considered for aid, applicants must apply when registering for the season. Please realize that a request must be submitted for each season (i.e. Fall and Spring) and that the receipt of financial aid in once season does not guarantee aid in future seasons. Applicants must complete ALL OF THE INFORMATION ON THE FOLLOWING PAGES, EVEN IF YOU HAVE APPLIED BEFORE. If any information is incorrect or missing, the application will NOT be considered. Again, you must submit ALL of the pages with the information completed.

Applications will be reviewed by the Financial Aid Committee. All information will be kept confidential. Submit all application materials via mail or email as follows:

BUSA Scholarships

P.O. Box 171

Stevensville, MD 21666

Or

BUSA.finances@gmail.com

Financial aid is awarded based upon demonstrated need. Families will be responsible for paying any uniform fee and any extra costs for additional programs or clinics they choose to attend. It is expected that a family receiving financial aid will assist in club and team fundraisers and attempt to obtain club sponsors. Financial aid will be assigned as follows:

* 75%: This assessment means that a family is responsible for 25% of the season tuition
* 50%: This assessment means that a family is responsible for 50% of the season tuition
* 25%: This assessment means that a family is responsible for 25% of the season tuition

Financial aid to a player/family may be terminated if the financial situation is resolved, funds become unavailable, or if the player is deemed in conflict with the Club/Team requirements for player commitment or behavior.

**BUSA Financial Aid Application Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Player Name: Click here to enter name | | DOB: Click to enter | | | Gender: Choose gender |
| BUSA Team Name: Click here to enter team name. | | | | | Age Group: Choose an age |
| School: Click here to enter school name | | | | | Current Grade: Choose a grade |
| Parent/Guardian #1 Name: Click here to enter name | | | | | |
| Address: Click here to enter address | | | | | |
| Phone(H): Click here to enter # | Phone(W): Click here to enter # | | Email: Click here to enter email | | |
| Parent/Guardian #2 Name: Click here to enter name | | | | | |
| Address: Click here to enter address | | | | | |
| Phone(H): Click here to enter # | Phone(W): Click here to enter # | | Email: Click here to enter # | | |
| Please note any special circumstances that should be taken into account. Add additional sheet if necessary:  Click here to enter notes | | | | | |
| *I certify that the information on this Application Form, including the Income Verification Form, is accurate, complete and up to date, to the best of my knowledge. I understand that providing false or wrong information may result in the player forfeiting, repaying and paying legal fees and back interest. I also understand that the player may be called upon to act as a representative for BUSA.*  Signature of Parent/Guardian: | | | | | |
| Printed Name: Click here to enter name | | | | Date: Click here to select date. | |

**Income Verification Form**

ALL QUESTIONS MUST BE ANSWERED

Occupation(s) of Parent/Guardian #1: Click here to enter occupation

Occupation(s) of Parent/Guardian #2: Click here to enter occupation

Do you own or rent your home?: Select an item

Number of wage earners in Household: Click here to enter wage earners

Gross Household income (before taxes): $Click here to enter amount

This year’s Estimated Gross Household Income (before taxes): $Click here to enter amount

Expected need of financial assistance: Click here to enter text

Please include a copy of the following forms along with your application.

* Current U.S. Federal Tax Return (Form 1040) (if not filed yet than last filed return)
* Most recent W2 or 1099 Misc forms for parent(s)/guardian(s)
* Proof of eligibility for Free Lunch Program or Food Stamps (if applicable)

**Financial Aid Notification Form**

Please fill out this form and submit it along with the Financial Aid Application Form & Income Verification Form

Upon review of your application, this form will be returned back to you with the decision of the Financial Aid Committee

**CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Player Name: Click here to enter name | | DOB: Click to enter | | Age Group: Choose an age |
| BUSA Team Name: Click here to enter team name | | | | |
| Parent/Guardian #1: Click here to enter name | | | | |
| Phone (H): Click here to enter # | Phone (W): Click here to enter # | | Email: Click here to enter email | |
| Parent/Guardian #2: Click here to enter name | | | | |
| Phone (H): Click here to enter # | Phone (W): Click here to enter # | | Email: Click here to enter # | |
| Address where notification should be sent: Click here to enter address | | | | |

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**FOR BUSA USE ONLY**

**\_\_\_** Financial Aid APPROVED – Scholarship figure and explanation below:

Financial Aid Amount Awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/Player Responsibility: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Volunteer Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Financial Aid DENIED

Reason:

Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Review Committee Chairperson