

JCYFCL Financial Assistance Agreement



It is the intent of JCYFCL to make every effort to ensure our program is open to all interested members of the community. With this goal in mind, we have created a Financial Assistance Application for existing and prospective members who require financial assistance to participate in our program. Your application will be reviewed by the JCYFCL BOD & will be assessed based upon financial need. The JCYFCL Financial Assistance Agreement and the JCYFCL Financial Application must both be completely filled out with proof of income attached to be considered for the program. Incomplete forms will not be reviewed or returned. **Acceptable forms of proof of income** are as follows: copy of parent's/legal guardian's 2015 W2's, copy of 2016/2017 free or reduced lunch program acceptance letter, or copies of parent's/legal guardian's last 2 pay stubs. We have a limited number of funds & regret that we cannot assist everyone who applies for aid. We are making every effort to ensure as many players as possible have an opportunity to play. Completed Financial Assistance Applications must be submitted no later than **March 26, 2017**.

Name of participant(s) applying for aid: _____

How many years has your family been a member of JCYFCL?

____ New Applicant ____ 1 Year ____ 2 Years ____ 3 or More Years

Does applicant(s)/participant(s) qualify for the Federal Free or Reduced Lunch Program (circle one)? Yes / No

Applicant is a resident of (circle one): James City County City of Williamsburg York County Other

*Each recipient of Financial Assistance will be required to pay a \$75.00 registration fee and a \$15 county fee, **enroll in a Payment Agreement Plan**, plus complete an additional twelve (12) hours of volunteer work for the league. Volunteer work may consist of extra concession shifts during home games/practices, field set-up/tear-down at home games, or assistance at special events. Please see Kathleen Shore, JCYFCL BOD Vice President for a complete list of volunteer opportunities and signup sheet. Financial aid recipients are required to fill out and sign the Volunteer Agreement Form below prior to consideration for financial assistance.

In the event that the above named participant(s) qualify and receive financial assistance from the James City Youth Football & Cheerleading League (JCYFCL) I, _____ agree to complete an additional (12) hours of volunteer work for the JCYFCL. I understand that all twelve (12) hours of volunteer work must be completed no later than October 1, 2017. In the event my volunteer hours have not been completed by October 1, 2017, I agree to pay the full registration fee of \$165.00 per applicant plus any applicable county usage fees. I understand that these fees must be paid to the JCYFCL no later than October 2, 2017 at 9:00 PM EST. In the event I default on my volunteer obligations and fail to pay the applicable fees within the allotted time frame, I understand that the above named participants will be removed from the JCYFCL program and that said participants will be banned from the program for no less than one (1) year. I understand that these terms are non-negotiable. By signing below I am agreeing to the terms set forth in this document.

Signature of Parent or Legal Guardian

Date

James City Jaguars Youth Football and Cheerleading

www.jamescityjaguars.org

PO Box 6883, Williamsburg VA 23188



JCYFCL Financial Assistance Agreement



JCYFCL Financial Assistance Application - Complete ONE application per HOUSEHOLD

Part 1. Participant Information: List all children participating in the JCYFCL program this season.

	LAST NAME	FIRST NAME	M.I.	DOB	GRADE	SCHOOL	JCYFCL Program Cheer or
1							
2							
3							
4							
5							
6							

Part 2. ALL HOUSEHOLD MEMBERS: List all household members; include the children in program listed above. List gross income (before any deductions) **received on a MONTHLY basis**; welfare, child support, and/or alimony payments RECEIVED monthly; and child support or alimony PAID monthly. Use back of form if additional space is needed.

Name of Household Members	Earnings from Work before deductions(monthly)	Check if no income	Relationship to Participant(s)	All other income	Welfare, Child Support, Alimony Payments RECEIVED	Child Support or Alimony PAID
Example: Joe Smith	\$1,750.00 per month		father	\$0.00	\$150.00	\$25.00
1						
2						
3						
4						
5						
6						
7						
8						
9						

Mailing Address:	Phone number:	E-mail Address:
	Name & relationship of person filling out form:	
I hereby certify that the information provided is true & correct to the best of my knowledge and belief. I understand that providing false or misleading information will disqualify me from the JCYFCL program and I will be held financially responsible for all JCYFCL league fees.		Signature of Applicant:
		Date:

Mail completed form along with proof of income and volunteer agreement to: JCYFCL, PO Box 6883, Williamsburg, VA 23188 Applications are the sole property of the JCYFCL BOD; information provided is strictly confidential and shall be reviewed by the JCYFCL BOD only.